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# THE EVANSVILLE MEDICAL JOURNAL,

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VOL. 1.

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NO. 1.

## KINEPOCK--THE MEASURE OF ITS PROTECTION, AND SOURCES OF IMPERFECTION.

J. H. BROWER, M. D., LAWRENCEBURGH, IND.

The great extent to which Small Pox has recently prevailed in various sections of the State, and many other portions of the Ohio Valley, the fatality it has occasioned, and the numerous cases reported to have occurred in persons supposed to have undergone previous vaccination, have excited a great deal of solicitude upon the subject, and much anxiety as to the degree of security afforded by the vaccine disease. It cannot be denied, that no small degree of discredit has been brought on vaccination, which is not due to it intrinsically, but has been induced solely by want of proper knowledge upon the subject, and the necessary care and precision, with which the operation should be performed. The numerous and anxious inquiries made, respecting its protective influence, and the causes of its failure will justify us in inviting the attention of the profession to facts, which are so fully within their reach, that ignorance is inexcusable.

I have nothing to offer, either original or novel: the subject has been so fully investigated, as to leave scarcely anything for the ingenuity of speculation; yet, in this, as in many other cases, the very simplicity of the subject, and the facility of acquiring correct information, have led to very culpable negligence. If we would rescue from undeserved opprobrium, this inestimable prophylactic, and restore to the community the confidence which it merits and the security which it may bestow, the profession should exert the influence which their position and ability confers, to trace the evil to its root and suggest the proper remedy.

We shall first present the characteristics of the genuine vaccine disease: and then proceed to enquire into the cause, local, or constitutional, which occasionally lead to its failure; the extent of its protective influence; its efficacy in this respect, compared with Small Pox---and lastly, into the value of the various precautions, which have been proposed, for the more effectual security of the system, against the attacks of Small Pox.

1. The genuine vaccine vesicle appears on the third and fourth day, after the introduction of the vaccine virus; it is less satis-



factory or reliable if the inflammation commences earlier; the vesicle, when complete, is circular, or, at least, ovoid, with regular, and well defined edges; cellulare, of a pearl color, with a depression in the centre of a darker color, surrounded by an areola, with some degree of swelling and hardness, and containing a fluid, clear and transparent, which concretes after the 12th day, into a hard scab, semi-transparent, and of a mahogany color. To afford effectual security, the progress of the disease should be uninterrupted, by extraneous, or constitutional irritation, and the scab should be allowed to remain undisturbed until the 21st day. The eschar should be circular, or at least, oval, with regular and well defined outlines: permanently depressed below the level of the surrounding skin not larger than a small wafer, and it is more satisfactory, if it be indented or radiated.

To be fully satisfactory, the local disease, should be accompanied with slight constitutional symptoms, general fever, and enlargement of the lymphatic glands, which are generally more enlarged than from a corresponding degree of local inflammation, arising from any other cause. This circumstance is to be particularly attended to, for there is reason to believe, that the disease is strictly local, affording no protection to the system, and that many of the cases of subsequent Small Pox, are to be attributed to this fact.

The sources of imperfection, are 1st, Effete or vitiated virus. It has been supposed that the virus gradually loses its specific character, by passing through successive individuals, who laboured under some constitutional or accidental inaptitude to the disease, thus rendering necessary, an occasional recurrence to the original source in the core, for a fresh supply. Later and more extended observation, however, has shown, that where the imperfection of the vesicle, arises from constitutional inaptitude, the virus may still, in a healthy individual, produce the vaccine disease in its most perfect form, bearing, in this respect an analogy to Varioloid, or modified Small Pox, the virus of which, although the distinctive characters of the disease are scarcely any longer to be recognized, will reproduce Small Pox, in its most virulent forms. Nevertheless, it will not be denied, that by successive inoculations in persons labouring under this incompatibility, it may at length, loose, to a certain degree, its specific character, or that when taken from a vesicle modified by some contagious cutaneous disease, it may carry with it a source of irritation, that will produce a similar modification on the person who receives it. The lymph also loses its contagious properties by age and exposure---and thus the difficulty of communicating the infection is increased, though the protection afforded, when the disease is excited, remain the same.

2. Other sources of imperfection, are fever; visceral irritation; whooping cough; dentition of the sore by rubbing, or by punctur-

ing for the purpose of procuring lymph; and lastly, every variety of cutaneous disease. We never saw a case of successful vaccination, when a child, apparently healthy, was affected with the slightest eruptive disease.

3. A strongly marked scrofulous diathesis, general ill health and advanced age, are sources of imperfection, while, occasionally, persons in perfect health, manifest an inaptitude for the disease, for many years, and perhaps, in some instances, through life.

From these different causes, the Vaccine disease may be so modified, as to loose more or less of its protective influence. The inflammation, may appear too early and partake, from its commencement, of the character of common inflammation: it may be interrupted in its progress; it may run its course too hastily, and the scab fall off too soon; the vesicle may want the central depression, the pearl color, or be filled with pus instead of lymph; the areola may be pale and indistinct, or may appear on the second day, large, irregular, itchy, and of a florid red color, disappearing before the sixth day.

Does this insusceptibility to the Vaccine disease, afford evidence of a similar security against the contagion of Small Pox? Dr. Gregory, whose means of observation have been very ample, and who may be justly considered as competent authority, maintains the affirmative---but there is reason to believe, that, in the great proportion of cases, such insusceptibility arises from diseases too feeble to control or supersede the Small Pox, or only add to its fatal character; and it is well known that epidemic diseases, whether the result of malaria or atmospheric vicissitudes, often modify its type and character.

Does the security derived from vaccination, diminish with time? A very general impression of this kind prevails, and has been frequently encouraged by members of the medical profession: among those, however, whose experience and observation authorize them to express an opinion, the general belief is that when the vaccine vesicle is perfect and uninterrupted in its progress, its protective influence continues through life. If the susceptibility to vaccine disease and Small Pox are modified by the same circumstances, then individuals who from some constitutional cause, have had the former in a modified and imperfect form, will, as the causes which have produced this modification, wear away, be liable to have the latter more or less modified, in proportion to the deviation of the vaccine vesicle from its genuine character. These views are sustained by the fact, that variola occurs at every period after vaccination, from a few weeks, to many years: and on the other hand, that numerous individuals have exposed themselves to the contagion of Small Pox, with impunity, who derived their protection from vaccination performed 20 or 30 years previous. Of 120 cases of Smallpox after vaccination, which oc-



cured in the Edinburgh Hospital in 1840, Dr. Gregory says, only 11 were under 16 years of age, and the youngest was of the age of 7, and of this number, (120) 8 only died being in the ratio of 7 per cent. At the London Hospital in 1852-3, 3094 patients with Small Pox reported themselves to have been vaccinated at some period of their lives; 1357 had one vaccine cicatrix; and of these, 4 1-4 per cent died, with a good cicatrix, and 12 per cent, with an indifferent cicatrix, making an average of 7 1-2 per cent; 888 had two cicatrices; 2 and 1-2 per cent died with good cicatrices; and 7 1-4 with indifferent cicatrices; mean mortality, about 4 per cent; 274 patients had three cicatrices; average mortality, 1 and 3-4; 268 patients had 4 cicatrices, of which number, 3 died, averaging less than one per cent. Dr. Marion, the author of the report, infers, that vaccination performed in infancy, afforded almost complete protection against the fatality of Small Pox, to the period of puberty, and that as a matter of safety, it would be well for all persons who were vaccinated in infancy, to be re-vaccinated at puberty, especially those, who, from the absence of a good cicatrix, or other evidence, might be supposed to have had the disease imperfectly. It is difficult to conceive, in what manner, the peculiar change in the human organism, developed at puberty, in the manifestation of the reproductive functions, should so modify the whole system, as to be eradicated from it, a principle of protection so potent and universal; and we are among the number, who dissent from this position; still, as it is desirable that re-vaccination should be extensively performed, as a means of greater security, and a test of the genuineness of the disease, it may be well as a matter of expediency, to sanction the the prevailing impression---if by that means, a more general resort to the operation, at a fixed period, may be attained.

What is the value of vaccination, as a preventative of Small Pox? It can no longer be maintained by the most sanguine advocates for vaccination, that it is at all times an effectual security. From the year 1813, when the number of cases of Small Pox after vaccination become so numerous as to attract public attention, an increasing want of confidence in its protective influence has been felt, and the fact is now established, by the concurrent evidence of physicians, whose testimony can not be doubted, that Small Pox, MAY follow vaccination when the progress of the latter has been perfectly satisfactory. In its progress, in a very few cases it pursues its usual course without any modification; in others, although its violence is undiminished, it runs its course more rapidly, the vesicles make their appearance, and sink about the 5th or 6th day, without suppurating; so that, the secondary fever, from which is the principal source of danger, never occurs. It occasionally, however, proves fatal in this modified form, in feeble constitutions, or where chronic disease may be lurking in the system, and called into fatal activity---yet, the number of fatal



cases after satisfactory evidence of vaccination, is very small.... From a report of a committee of the Philadelphia, Medical Society, during the year 1827, 765 cases of Small Pox, after variola and vaccination, were estimated to have occurred in that city, of which, by far the greater number occurred in persons, who had been previously vaccinated, and of which 10 terminated fatally, or about 1 in 40: of the cases of secondary Small Pox, 9 fatal cases occurred, thus proving, that, if vaccination be less effectual as an entire preventative, it has a much greater influence in controlling the violence of subsequent Small Pox. M. Villeneuve, from the commission appointed by the Royal Academy of Medicine, of France, reports from an analysis of 30413 cases, of vaccination, re-vaccinations, and Small Pox after ascertained vaccine disease, the following results.

1st. That the proportion of cases in which vaccinations failed, compared with that in which it took effect, estimated by some writers, as 1 to 8 or 1 to 10, is not more than 1 in 54.

2nd. That of 2199 cases, in which re-vaccination was performed, on persons of different ages and sexes, who had been successfully vaccinated at some previous period of their lives, it took effect in 223 cases only, or about 1 to 14.

3d. That, of 365 cases of confirmed Small Pox, occurring in persons who had been at some previous period successfully vaccinated, there were only 8, which proved fatal, or 1 in 45.

So far as these facts can be relied upon, we may conclude, that the security derived from Small Pox is very little greater, than that from the vaccine disease; and if we take into consideration, the comparative violence of even inoculated Small Pox, the individual risk is increased, while the danger which may result to the community, from introducing the infection of so fatal a disease, can not be calculated. Both diseases when genuine, may generally be considered as effectually securing the system against the Small Pox; both are liable, from accident, or constitutional causes, to loose their efficacy, and there may be constitutions, in which the predisposition to Small Pox is so strong, that one attack of the disease, is insufficient to remove it; and it is a remarkable fact that secondary Small Pox most frequently occurs in persons, who bear most unequivocal marks of the violence of the first attack; would not, however, the analogy of the modification produced in the cow-pock, by violent inflammation, lead us to suppose that the same state of things, may occur in variola, and that the specific characters of the latter disease, may be thus, so far changed, as to impair or destroy its protective influence?

To what circumstances are we to attribute the increasing number of failures since 1813?

An opinion has already been expressed that Kine-pock has lost none of its efficacy, by passing through numerous individuals.... Although the connection between variola, and varioloid, was un-

known, or unnoticed until 1813, there is reason to believe that the latter has, at different periods, prevailed very extensively; an analogous disease, called nurse-pock, is described by the older writers, as frequently occurring among the attendants of those confined with Small-pox; and the chicken-pock (varicella) with which the varioloid was once confounded, has been frequently mentioned as epidemic, at the same time with variola.

Much of the blame, at present thrown upon vaccination is to be attributed to the indifference of the public, and the carelessness and ignorance of those employed in its performance. Dr. Jenner was employed many years in studying the subject, before the results of his observations were made known to the public, and in the mean time, he had ascertained the true characteristics of the disease, with its various spurious forms, with as much precision as we know them now. When the practice was established, it at once attracted a large share of public attention; the business of vaccination was entrusted to the medical profession, and the general character and course of the vesicle was made a subject of the closest investigation. The novelty of the remedy and the recent experience of the horrors of small-pox, rendered individuals anxious to avail themselves of its protective influence, and induced governments to make effectual provisions for extending its benefits to every grade of society. To the contrast between this and the present state of feeling upon the subject, it is scarcely necessary to refer. Very many physicians, scarcely think it necessary to make the characteristics of the vaccine disease, a subject of particular investigation, and if they did, the scanty remuneration they receive does not compensate them for devoting any attention to the progress of the case; many are vaccinated by private persons, and the notions which prevail upon the subject are anything but correct. We have repeatedly heard person speak of a high degree of local inflammation as a certain criterion of successful vaccination; at other times in children laboring under various cutaneous diseases, we have had unhealthy pustules pointed out to us, to show that the vaccination had "taken finely," as the phrase is. Under these circumstances, it is not surprising that individuals should be disappointed, and the public confidence in the remedy, impaired.

So far then, as vaccination is concerned, these facts tend to show, that it is entitled to all the credit it originally possessed. If it should appear that, with these qualifications failures are still more frequent than formerly, and especially, that cases of secondary Small-pox appear oftener, something perhaps may be attributed to atmospheric causes; it, like other epidemics is disposed to spread at one time, more rapidly, and prevail with more fatality, than at others; in other words, there is a wide spread constitution of the atmosphere, favourable to the spread of Small-pox, and perhaps, at these times, the disease may attack individuals, who,



under other circumstances, would have been protected from its aggression. We offer this merely, as a probable key to the solution of difficulties, which at present, are not well understood.

Of the different plans proposed with the view of providing against the uncertainties of vaccination, the principal ones are inoculation, and re-vaccination: to the first, we need only remark, it is a mode of protecting individuals, at the expense of public safety, and therefore altogether unjustifiable. So nearly impossible is it to keep even an individual so secluded, as to avoid communicating the infection, that the practice under every precaution, must, at all times destroy more lives than it can possibly save.... Since the modified Small-pox, is as infectious as variola itself, it would imply a great perversion of moral feeling, to endanger the whole community, for the purpose of guarding individuals, against a remote contingency: even when professional duty requires great personal exposure, a man of spirit would rather incur the consequences of the disease, than set the example of so pernicious a practice. The only circumstances under which it would be justifiable, are when the vaccine infection can not be communicated: and then, not for individual security only, but for the purpose of testing the principle, whether the immunity extends to the Smallpox also.

Re-vaccination is a test satisfactory in its nature and perfectly safe; but since full confidence, on the part of the public in the security derived from vaccination, is essential to its universal application, the practice should be discountenanced, except in doubtful cases; when these occur it should be repeated, until the physician is satisfied, that further precaution is unnecessary.

Under the impression that the virus deteriorates by repeated transmissions, it has been proposed to renew the infection from the original sources. Many difficulties lie in the way of the execution of this proposal; it is not easy to procure the infection from the animal; the cow is subject to other diseases so nearly similar, as to occasion much difficulty in drawing the distinction, and requires repeated trials to prove the genuineness of the disease; and lastly the disease from the recent matter, before it has become humanized, is much more violent without affording greater security.

We trust, that sufficient has been advanced to prove, that vaccination as it exists already, is competent to obviate all the dangers of the Small-pox; and if properly attended to, all the inconveniences of the modified disease, and even to extirpate them entirely. So far as the remedy depends upon the medical profession, their duty is obvious, and if by a criminal remissness, in our attention to this important subject, the practice of vaccination has fallen into some degree of discredit, be it ours, by accurate observation of its phenomenon and rigid diagnosis of its character, to restore it again to the estimation it has heretofore had, and still deserves, that, of one of the greatest blessings ever conferred upon man, through human sagacity and science.

THE DISEASES PREVALENT IN THE NEIGHBORHOOD  
OF TERRE HAUTE.

BY E. REID, M. D., TERRE HAUTE, IND.

MESSRS. EDITORS: I have pursued my profession in this place without intermission for the last ten years, and during that time but a single case of Typhoid Fever has fallen under my observation. That originated abroad, and in a member of a family where several had died, and this one to avoid anxiety and exposure came here for rest and safety, when the disease was developed and passed through all its stages and terminated in death.

I have repeatedly seen fevers however, which in their course assumed some of the characteristics of typhoid fever, but never with the above exception, have I seen in this locality a case of pure typhoid fever.

Typhoid fever is a disease *sui generis*, having distinctive and characteristic features, not running into, nor coming from other fevers, but typhoid in the beginning and ending.

I am persuaded that much of the error of our medical philosophy is attributable to a vague and uncertain method of classifying diseases. Some of the prominent symptoms which may result not so much from the original malady as from sympathy, bad treatment or other other causes are made to give the disease its class and order, and until we school ourselves in first principles, think more exactly and reason more clearly, we shall have confused histories of confused diseases.

It is not unfrequent that bilious remitting or intermitting fevers, which have not been arrested early put on some of the features of typhoid fever, yet they do not make it so, and we confuse ourselves and others when we thus denominate it. Then, as in the beginning it is bilious intermitting or remitting fever, these symptoms arising from a secondary, not primary condition, and merely the result of a secondary functional or structural lesion common to many protracted diseases.

We often hear of typhoid pneumonia. Now when we analyze this and confine ourselves to a literal translation what shall we make of it, simply that one patient has pneumonia like unto, or resembling typhus. This would indeed be a very grave malady, but who ever saw a pneumonia, having the structural lesion of typhus or typhoid fever. Such a condition would be upturning the great fundamental laws which govern the animal economy physiologically and pathologically, and confusion and misconstruction would ensue, which are in every science incompatible with progress and truth.

During the stadium of pneumonia we may have sensorial disturbances resulting entirely from a different cause from that, which accompanies typhoid fever---the one the effect of an imperfect oxygenation of the blood---the other from the shock of the nervous



system, together with cerebral irritation or inflammation, the result of typhus poison.

No science can advance without method and order, and while I would disclaim an adhesion to mere names, I would contend for a correct nomenclature, and would strictly separate and preserve in their own families the respective disease which fall within our observation.

Intermitting is the prevailing form of fever in this locality, and has its greatest prevalence in the months of August and September.

Remitting and continued fevers are rarely seen.

I scarcely remember to have met a pure case of fever in which there was not a perfect intermission from four to eight o'clock in the morning, and am consequently in the habit of availing myself of those hours for the administration of tonics.

Intermitting fever prevailed here more extensively in the falls of 1845 and 1847 than in any other two years in the last ten.

In the former of these years, it was most malignant and accompanied with greater congestion of the mucous membranes than in any other period of this time. Unless promptly arrested the second or third chill not unfrequently terminated in death. The powers of life seemed suddenly overwhelmed and in many cases reaction scarcely supervened the first cold stage. Patients were often seized with vomiting of blood in the first chill, which was a symptom of so much gravity, that it was seldom overlooked, and very fortunately aroused them to a sense of their danger in providing early medical aid.

Epistaxis was a very common symptom both in adults and children, and frequently obstinate and alarming, especially with the latter class. This most generally ensued after the first autumnal frosts, which in enfeebled subjects gave the blood too great centripetal force.

Had I leisure, and were it appropriate, I would be pleased in connection with this subject to speak of the convulsions of children, so common in this locality arising from a malarious influence, and concomitant with the cold stage of ague. I have little doubt but that nine tenths of all the convulsions of children in this locality arise from this influence and require treatment in accordance.

A like cause induces gangrenous stomatitis, which occasionally occurs here and is one of the most formidable diseases we have to contend with.

What are the objects to be held in view and attained by the physician in the treatment of intermitting fever?

If reaction has taken place, to moderate it, when violent--to induce the sweating stage and above all to prevent a recurrence of the cold stage, which is the period of the most imminent danger.

During the intermission the patient may feel quite well and indis-

posed to subject himself to a rigid treatment, yet the physician sees danger in the calm and makes a prudent provision for its coming.

The first and great indication to be fulfilled is as above suggested---to prevent a recurrence of the cold stage.

The doctrine hitherto maintained was first to restore the secretions, they being regarded not as sequent in the order of derangement but primary---the fons et origo of the disease.

Contrary to this, I regard that a more enlightened pathological view will point to the nervous system of organic life as that, upon which the malarious poison is first expended, and towards which our remedial agents must mainly be directed. Philosophy and experience will, I think, sustain me in this view of the subject, and I merely suggest it that you may observe the reasons which govern me in the application of my remedies.

So far as prudence permits it is at all times proper to premise our treatment with gentle evacuants, either emetic or cathartic, especially in those seasons of the year when no imminent danger is apprehended. There are seasons however, when this course would be fraught with danger, and we are admonished to resort at once to a bold tonic course. When this condition exists and it seems requisite, I am in the habit of prescribing alternating doses of mercury with tonics.

The Sulphate of Quinine is the most potent and most to be relied on of all the tonics, and it should be administered freely during the intermission. From one to two scruples is the quantity I usually give during this stage. It may sometimes be beneficially combined with Morphine but the Quinine in every prescription should be the base as it is the great anti-periodic remedy.

Its specific action is unquestionably upon the same system of nerves, as that of the malaria, giving to them tone and strength and thereby counteracting the poison which had previously overwhelmed them. From five to ten grain doses should be given hourly from four to eight or nine o'clock in the morning. I frequently give it in full doses during the febrile stage, regarding it a sedative when so administered.

I have never seen injurious results from its use, and am persuaded that it may be resorted to with impunity in many of the diseases which we now regard as contraindicating it.

When purgatives or other evacuants are suggested, they should be given in such manner that they may act during the stage of pyrexia as they will tend to diminish arterial action, relieve headache and other pains.

The pure diaphoretics are but the simplest adjuvants. In fact all other remedies must yield to the Quinine. It will clean the tongue and restore healthy secretion with more certainty than any other medicine.

It is the true and only certain anti-malarious remedy. It pre-



vents visceral congestions and maintains a healthy equilibrium in the system.

Intermitting fever is of itself a simple disease. Its sequelæ or complications become more serious, and as one structure after another is drawn into the chain of events it not unfrequently becomes one of the most troublesome maladies that falls to our care.

Pneumonia so prevalent here in the winter and vernal months most generally invades those constitutions previously debilitated or broken down with intermitting fever and consequently does not tolerate an antiphlogistic treatment.

Full doses of opium have a happy influence in this disease in removing congestion of the lungs, tranquilizing the system and restoring health.

Very truly Yours,

EZRA REID.

## BULLARD, ON CHOREA.

A CASE OF ANOMALOUS CHOREA SUCCESSFULLY TREATED WITH STRYCHNIA AND OXIDE OF ZINC.

BY T. BULLARD, M. D., INDIANAPOLIS, IND.

MESSRS. EDITORS: With your kind permission I will give you a short sketch, of a very curious, and to us, interesting case, which came under the observation of my partner, (Dr. Mothershead) and myself, a few months since.

November 24th, 1853, Miss W. came to our office for medical advice, accompanied by her father, sister, and her medical attendant, a promising practitioner resident some thirty or forty miles from Indianapolis.

HISTORY.—Miss W. is about 17 years of age, has enjoyed good health, until March 12th, 1853, at which time she was attacked with what, we could only class as ANOMALOUS CHOREA, and which had continued, with but short intervals of respite, up to the time we saw her.

At first the paroxysms, were periodical, of a half day's continuance, looking toward the character of some one, of the multitudinous forms of masked intermittents of our climate; but gradually the paroxysms became, either continued or uncertain in their recurrence, until, as at the time we saw her, there was little or no rest for the poor girl.

I am conscious that I shall fail, in giving an adequate conception of the curious, as well as the distressing symptoms of a single paroxysm, for they could only be fully appreciated by being seen or heard.

She was in our office some two hours, and although I have seen many thousand patients, in the hospitals of our large cities, and not a few in a laborious private practice of nine or ten years, yet

I cannot recall a single case, which so touched my sympathies as this one. But then think of those two hours of suffering, and exhaustion being protracted, through most of the hours of eight or nine months, and then, if not relieved, continued until she would pray for death, to release her from a life which was but a burden.

SYMPTOMS.---She had just arrived in town on the cars and had been in the office but a few minutes when a paroxysm occurred.

Our attention was attracted by a barely audible noise; her upper extremities and chest, began a bowing or weaving motion further forwards than backwards, increasing in rapidity and violence, accompanied with a spasmodic action of the respiratory organs, chordæ vocales, &c., &c., producing an inhuman inarticulate, and indiscribable sound, between a clucking, gasping, choaking, Indian, or swine like grunting; faster and faster, corresponding with the motions of the body, until she would become apparently exhausted, her face livid, and countenance expressing great anxiety. Then there would be a few moments rest, and she could converse or eat. It took her some three quarters of an hour to eat an apple, while in the office.

Think of this condition of her whole muscular system, sleeping, waking, eating or speaking, if a paroxysm came on she appeared to have no power whatever to delay it.

TREATMENT.---Dr. W. states, that during the first two months, his treatment consisted simply in large doses of Carbonate of Iron, Quinine and Blue Mass. Not being relieved her father took her to the adjoining county town, where she was under the medical advice of several physicians of considerable experience. As far as we could learn, emetics, and frequent venesections, for a short time seemed to promise mitigation if not cure. During her catamenial periods and for some time before, she was always worse, when her attendants used Chloroform, Morphine, and remedies of like character, yet without relief.

She returned home on Nov. 12th, in the condition we saw on the 24th, no regularity of the recurrence, or periodicity of the paroxysms.

Looking upon its spasmodic and choreal character, we advised our friend Dr. W., to put her upon the use of Oxide of Zinc, in five grain doses three times a day, alternating with one-twelfth of a grain of Strychnia, and gradually increased if necessary, with an occasional dose of Blue Mass. The second day after this treatment was commenced, the paroxysm did not return until 5 o'clock P. M. and continued, at intervals, until 9 1-2 o'clock P. M. The third day it returned at 6 o'clock P. M. and left at 8 o'clock P. M. The fourth day it returned at 7 o'clock P. M. and left at 8 o'clock P. M. The fifth day it returned at 7 1-2 o'clock P. M. and left at 8 o'clock P. M. The sixth day it returned at 7 o'clock P. M. and left at 7 1-2 o'clock P. M. Seventh day of treatment no recurrence.



Treatment continued until December 26th, when the Doctor suspended medicine.

JANUARY 6th, 1854.---After exposure, during a cold ride, there was some return. The same treatment was resumed for six days, with entire relief, since which time (Jan. 12th) she has been continually improving in health, no medicine having been required up to this date, April 10th, 1854.

Since the last of November, no menstrual difficulty whatever.

REMARKS.---1st. It is instructive to observe the immediate benefit of the remedies last used, in this case, illustrating the "propter noc."

2nd. The relation of periodicity.

3d. The gradual shortening of the paroxysms until their final cessation.

QUERRY.---Was it the Strychnia or Zinc which effected the cure? I have arrested common Chorea, with the Oxide, but I doubt, in this case, if it would have succeeded alone.

## CASE OF HYDROPHOBIA.

REPORTED BY T. D. WASHBURN, M. D.

LAWRENCEVILLE, ILL., April 14th, 1854.

MESSRS. EDITORS: Allow me to present a case to your consideration, of peculiar interest to me. But to do justice to myself I shall be compelled to reverse the order of arrangement and come to the naked case at once and give you the history afterwards. I was extremely busy at the time and made no minute of the case but its main features will not be easily obliterated. On the morning of the 13th of February last I was called some four miles in the country to see a young lady who had been somewhat indisposed for two days previous. The most prominent symptom was continued pain in the head with general lassitude, until early this morning, awhile before day, she was taken with paroxysms of difficult breathing, the mother termed them "fainting spells." She had previously taken some purgative pills, which had operated more or less, but not given the slightest relief. The patient was of the nervous sanguine temperament, light hair, skin and eyes, in the 17th year of her age and had never menstruated, though she had generally enjoyed good health.

On examination I found her breathing easily and quite natural; skin warm and moist; tongue moist and slightly furred; pulse soft, 95; bowels natural; no tenderness on pressure; in fact scarcely anything abnormal in her appearance or any functional derangement appreciable. On inquiry of her mother I learned that she

had exhibited few if any premonitory symptoms of approaching catamenia, neither had she complained of any pain or suffering in her back during the present attack.

On returning to my patient to resume my observations, a slight rustling of the bed curtains threw her into a mild paroxysm of sobbing, catching her breath with considerable difficulty, expressing a good deal of anxiety in the countenance, at the same time springing from the recumbent to the semierect position to obtain relief, in three or four minutes it passed off and she was as natural as ever, her mother then informed me it was with great difficulty she could swallow, as it brought on one of these distressing paroxysms.

I acknowledge I was at some loss what course to pursue in the premises. The young lady was perfectly sensible though possessing great nervous susceptibility, neither were there any physical signs of grave disease. Her tongue was somewhat coated and the pain in the head might be dependent on some derangement of the bowels or torpor of the liver. (The farm was just bordering on an extensive marsh) her period of life and the absence of that function peculiar to her sex, seemed to indicate that some protean form of hysteria might develop itself and consequently the nervous system demand attention. With these views I prepared her Sub. Mur. Hydrag. and Jalap, of each ten grains, and administered it myself. Another paroxysm at once took place more severe than the former. With a wild but determined expression she opened her mouth, thrust her head forward to the spoon and closed her mouth convulsively on it. The larynx and muscles of deglutition seemed to be most involved, for she gasped for breath several times before she became easy. On attempting to take water she became again convulsed, involving apparently the chest and throat, with a striking wild agony of expression, followed with profuse perspiration, but it lasted only a few minutes.

I then inquired of the mother if she had received any hurt or injury of any kind in the last few weeks and remarked that her symptoms resembled hydrophobia. She replied that she had not been hurt in any way as she knew and supposing she comprehended the term I used, I made no more definite inquiries in regard to it.

I then advised the use of sinapisms to the spine and directed the following mixture to be given every four hours, viz: Ether, Tinct. Assaffœtida, Camph., mixt, ten grains of each. Dose, teaspoonfull. Also to take Castor Oil if no action on the bowels by night.

Feb. 14th I visited her about the same hour, 9 o'clock, A. M., and found all the symptoms more aggravated, the paroxysms had continued to increase in frequency and violence. Though she had excessive thirst she dared not drink, neither had she taken the least nourishment and only a few doses of the medicine.

She had not closed her eyes all night and had been in a profuse



sweat all the time during my absence, sitting up in bed most of the time.

The least breath of air or any attempt to administer anything or excitement or noise threw her into a spasm. Yet retaining her consciousness during the worst paroxysm. She still complains of pain in the head and constriction of the throat. She has had no action from the medicine. Her tongue remains about the same moderately furred in the middle, but moist; pulse increased to 110 but not hard; extremities were rather of a clammy sweat and are cool; the kidneys perform their function; the expression rather more anxious, though the eye is natural; looks placid.

I attempted to apply some Chloroform and Turpentine to the region of the throat, but the first touch threw her into a violent spasm, with a wild agony of expression such as I have never witnessed, at the same time I noticed some slight convulsive motion about the face, but the agony of overwhelming fear (seeming to implore pity) depicted in the countenance, was unlike any convulsive disease I had ever seen.

There was so much about the case in its present appearance defying all ordinary medical treatment, at the same time portending evil, that I felt completely paralyzed and desired that council should be had as early in the evening as I could return. I then prepared her another active cathartic and directing her to close her eyes and open her mouth I placed the spoon between her lips when she seized it with a convulsive effort and swallowed the contents with great difficulty. It was the first she had taken since the evening previous. I then directed injections to be given after an interval of six hours and continued till the bowels were relieved, again remarking that there was much obscurity about the case and that the symptoms were strongly "Hydrophobic." (I suppose from the sequel that the term was not understood.)

Dr. McDonald, being designated as council, I called upon him upon my return to town and we made an arrangement to visit the case in the evening. But being unavoidably detained for some hours we were unable to see our patient again before her decease, which took place at 6 P. M.

I learned from her mother afterwards that the paroxysms continued to increase and became more and more violent; that she would tremble or quiver all through the chest and call on those in the room to hold her about the short ribs and "bear as hard as they could." After 12 o'clock she became more restless and an hour or more before she expired commenced vomiting which continued till the last. Though suffering intense thirst she took nothing in her mouth till just a little while before she expired, when she drank a glass of ice water telling them where they would find the ice and in fact perfectly conscious till the last.

Before the last paroxysm she called her connexions about the bed and bade them an affectionate farewell telling them her next

paroxysm would be the last and she preferred to die rather than live in such suffering. She was soon seized with one more violent than ever, and then became easy and sunk quietly into the sleep of death.

We come now to the unfortunate history preceding this event, though subsequently ascertained. On the day following her decease I learned from a connexion that a small pup had been brought into the family by this same young woman about the 1st of July last. In the course of a week or ten days it sickened and died as they supposed of distemper though several times thinking it had something in its throat and was choking they attempted to remove it by putting their fingers in its mouth, all the members of the family were bitten during its illness, some slightly, some enough to draw blood, though the mother informs me she does not know whether she, the daughter, was bitten or not and a single individual states that this young lady said she was not bitten. But the dog was her's and it is hardly probable she escaped when all the others were more or less wounded. On hearing the above circumstance I immediately pronounced it a case of PURE HYDROPHOBIA, yet I had never before witnessed one and our standard authors are somewhat meagre on the subject.

On further investigation I learned that the mother of the pup had probably been bitten several weeks (eight or ten) previous by a strange dog, which made great disturbance among the hogs and dogs during the night but escaped before light and visited the next neighbors and bit several hogs there. These hogs died some fourteen or fifteen in number. This fist the mother of this pup some weeks after the occurrence and when her pups (four in number) were some ten days old, manifested strange symptoms, was sullen, run away from home, attacked a hog and bit it which afterwards died and was seen to bite her pups and acted so strangely that the family thought it prudent to have her killed. It was about this time, just New Years, that this young lady being on a visit to this place took a fancy to this pup and took it home with her. Some one or two were bitten by the other pups all of which sickened and died in different localities with similar symptoms about the same time. With all these facts, the family in which the death took place do not believe it Hydrophobia and their confidence I judge is somewhat impaired in the attending physician, as since then another has been called in. Was the diagnosis correct? If not Hydrophobia what was it? Even though it could be proven she was not bitten at all, I believe the least abrasion or rupture of the cuticle would have been sufficient for her to become inoculated.

Its rapid and fatal termination points strongly towards its Hydrophobic character. Its periodic paroxysms of laryngeal spasm. The fearful agony of expression. The continued consciousness. The excitement which produced a paroxysm, and the



final vomiting, all impress more deeply its Hydrophobic character and lastly the canine origin can hardly be questioned. Even the girl's own aunt told her mother before she died it must be Hydrophobia; her symptoms reminded her so much of the manner in which their hogs died which had been bitten by the mad dog. But I have trespassed already upon your time and patience. A single remark on treatment and I will close, not entering into further discussion of this subject at present.

No treatment in a well marked case of hydrophobia, so far as I can glean, ever seems to have been of much service, the most active, the most temporizing, and the most opposite; have alike been resorted to in vain. We should probably have attempted the use of Chloform in this case had we been able to have reached her earlier in the evening, though I believe the plan suggested by Marshall Hall, of Tracheotomy with an instrument designed specially for such cases offers the best chances for success. (See Braithwaite, part 18, Art. 28.)

To those interested in unravelling some of the mazes of this formidable and terrific disease, I will refer them to Tweedie's Library of practical Medicine, Good's Study of Medicine, and parts, 13, 16, 18, 20, and 26 of Braithwaite's Retrospect.

I am yours &c,

THOS. D. WASHBURN.

NOTE.—The case so graphically described in the foregoing pages, is clearly one of Hydrophobia.

The probable affection of the animal, the irritation of the nervous system, by the sight or contact of fluids, the clonic character of the paroxysms, and above all the Laryngeal spasm all indicate the specific character of the attack.

EDS.

## CASE OF HYDROPERICARDITIS.

REPORTED BY S. W. THOMPSON, M. D., FAIRFIELD, ILL.

J. P., was attacked in February 1853, after over exertion at making rails, with acute pungent pain in the region of the heart, extending back to the Dorsal vertebræ. This pain was accompanied by headache, full rapid pulse, and other usual symptoms of high inflammatory fever. He was at first seen by a "steam doctor" and subsequently by another practitioner until July following, at which time I saw him and learnt the above particulars, but regarding the treatment he had undergone I could learn little or nothing to be relied upon, farther than there seemed to have been no definite opinion formed as to the nature of the affection, or of the mode of treatment to be pursued. The "Steam Doctor" above referred to said that it was "A weakness of the Lungs"..... When I saw him his condition was as follows: Dull pain in the Præcordia; some little fever; tongue slightly coated with a white

fur; bowels costive; little appetite; pulse small, weak, frequent and fluttering with occasional intermissions of one beat; dyspnea and vertigo upon any attempt to get off his bed or otherwise exert himself; decubitus upon the back; slight hacking cough. I elicited the following by a physical exploration of the Thorax. Fullness of intercostal spaces in the præcordial region. Dullness on each side, but extending chiefly on the left of the sternum from the second rib above, to the Xyphoid cartilage below. The hearts impulse gave the idea of its being rather greater than natural, yet it was not the distinct blow usually noticed, but rather that of a body moving suddenly in fluids, which seemed to strike against the ribs with an irregular wavy motion. The systolic and Diastolic murmurs retained their relative duration, but the sound appeared to be far from the ear and indistinct. Slight bellows murmur "Bruit de Soufflet" at the Aortic orifice. There were no abnormal sounds of the lungs other than such as would necessarily arise from the compression of these organs by the effused fluid.

Here then was a case of Pericarditis with considerable effusion, and without serious, if any disease of the substance of the Heart or its valves. This latter was proven by negative symptoms. For instance; had there existed serious disease of the Auriculo ventricular valves of the right side, we should have had the symptoms of such affections, as Turgescence of the veins; venous pulse &c., &c.

Had disease of the left Auriculo ventricular valves existed we should have had deficient Hematosis, congestion of the lungs, &c. There may have been and I think probably was some slight deposition on the Aortic valves giving rise to the Abnormal sound in that situation. But we have the same sound under circumstances in which there is no organic disease of the heart, as in Aneurism and again in the event of a large artery becoming compressed from a tumor or other cause we find the same sound when this compression exists. It is true that the intermittent pulse noticed, is by some writers considered a symptom of Endo-Carditis a disease very likely to give rise to valvular disease, but that Endo-Carditis did not exist at the time I saw him, I am satisfied. That it might previously have existed is altogether probable, but upon a careful enquiry as to whether the patient had ever had Rheumatism, I received a negative answer.

Again: The symptoms of organic disease of the substance of the heart itself were entirely wanting, so of course I could not diagnose that affection.

Having then decided it to be a case of Hydropericarditis see *Dunghlison's practice* vol. 2, page 466, also *M. Bouilland, sr.* what were the indications of cure, and what the treatment best calculated to meet such indications?

The first thing to be effected was the removal of the state of in-



inflammation which was continually giving rise to an increased accumulation of fluid.

The second was to remove the morbid product already in the pericardiac sack.

The patient from long confinement in the house was anemic, and the inflammation being of a subacute or chronic, rather than an acute character did not under these circumstances call for general Bloodletting.

In order to accomplish the first end therefore, I determined to administer mercurials in small doses, so as to obtain and keep up the specific effects of this valuable alterative. At the same time I gave purgatives calculated to decrease the amount of serum of the blood, an excess of which in the latter fluid was continually favoring the accumulation in the pericardiac sack. I also applied a blister 3-2 inches over the præcordia and kept it open with stimulating dressings: also gave Spirits of Etheris Nitre to increase the renal secretion and thus assist the purgative in its desired effect, and every evening gave pulvis Doveris 5 grains to quiet excitability and keep up the cutaneous secretion.

Under this plan of treatment the inflammatory symptoms gradually disappeared, and some very slight decrease in the amount of effused fluid took place, as was evident by the slowly decreasing extent of surface over which dullness on percussion existed.

Now therefore that the inflammation of the pericardium was removed, I commenced the administration of gentle Tonics, of which I considered the Tinct Ferri chlo., would be most appropriate. More generous diet was now allowed. The exhibition of mercurials was continued but not to the same extent as previously. The spirits of Nitre was discontinued and in its stead I gave the Hydriodate de Potassa in doses of 3 grains ter in die gradually increasing it to 5 grains at a time.

I preferred this article because it answered two indications; viz: that of stimulating the Absorbents to take up the effused fluid and also as a diuretic. Counter irritation by means of open blisters over the heart was continued. I was now much gratified to find the dullness on percussion steadily decreasing. I could distinctly hear the valvular murmur "*bruit de soufflet*" spoken of previously. The impulse given to the hand by the heart became less fluctuating and wavy. The Systole and Diastole were more distinct.

I continued this treatment for several weeks, at the end of which time the valvular murmur had entirely disappeared. The effused fluid was entirely absorbed, and I could then distinctly discover the creaking or new leather sound, "*bruit de cuir neuf*" occasioned by the two surfaces of the pericardium, on which there was evidently a layer of plastic lymph, coming in contact, now there was no longer any fluid in this sack to keep them separate. This sound, however, gradually but completely disappeared. The

patient complained still of great weakness. This I could only explain by supposing it to be chiefly imaginary, the effect of Hypochondriasis to which he was very subject. The pulse was now regular, naturally full and strong; he improved in flesh and appetite, but the bodily weakness still continued, for in spite of the most persevering efforts I could not persuade him to take regular and gentle outdoor exercise, although when he did venture out, he experienced no unpleasant symptoms such as palpitations, Dyspnea, Vertigo or pain in the præcordia, but merely expressed himself as feeling so weak as to be fearful of making any exertion. Considering that his recovery now lay in his own hands, I left him, directing at the same time that he should take regular outdoor exercise, and gradually get accustomed to exertion. When I last heard from him he was apparently well in every respect except his weakness which was almost as excessive as when I saw him last, for he kept himself entirely confined to the house, and therefore took no exercise to give tone to his muscular system.

There are one or two points of interest connected with this case. The first is the length of time from the first attack to the period when he first received any rational treatment, for I learnt that part and indeed a chief part of his treatment consisted in having No. 6, given him "ad libitum."

The second point of which I shall speak is the recurrence of the "bruit de cuir neuf" after the disappearance of the effusion. This sound in inflammations of the serous membranes is present at two very different periods. First when effusion has not occurred, but the membrane is roughened from the inflammatory process. This period however is so brief that it is rarely noticed. I have once or twice plainly perceived it in Pleuritis, where I saw the patients only a few hours after the first symptoms appeared. The second period at which this sound may be discovered is in just such as the present case illustrates, viz: Where the inflammatory process has gone on to the extent of secreting plastic lymph, at the same time there is effusion of fluid between the two roughened membranes; when therefore this fluid is removed the two surfaces come in contact, and in rubbing over one another during each diastole and systole of the heart, produce the sound in question. It is somewhat similar as indicative of the stage of disease in the serous membranes to that of the "rale crepitous redux" of Laenec is in Pneumonitis.

The third peculiarity to which I shall advert, is the continued weakness which remained after all evidences of disease in any part of the body were removed. I confess I am somewhat at a loss to account for this circumstance in a way entirely satisfactory to myself.

S. W. THOMPSON, M. D.



## A CASE OF ANEURISM SUCCESSFULLY TREATED BY LIGATURE.

REPORTED BY E. C. BANKS, M. D., OF CHARLESTON, COLES CO., ILLS.

On February 15th, 1852, I was called upon to visit a young man of about 26 years of age, who lived in Edgar county, some 18 or 20 miles from my residence under the following circumstances.

Sometime during the preceding December he had been stabbed with a pen-knife, which had penetrated the internal Maxillary Artery, splitting though not cutting it off. A profuse hemorrhage at once ensued, which was arrested by a neighboring physician, with great difficulty and after repeated trials; the means used consisting of pressure of some kind. A small pulsating tumor at once made its appearance and continued to increase rapidly for some weeks. It now began to assume a red angry aspect and at length began to bleed profusely. At this time an old experienced physician took charge of the case and instituted a treatment of regular pressure, by means of a pine knot and bandage. The tumor at this time was about the size of a Quail's egg. The pressure used, at first appeared to produce adhesive inflammation and the bleeding orifice manifested a disposition to heal. The tumor itself, however, continued to enlarge rapidly, and after sometime hemorrhage again occurred.

It was at this period that I was called to the case. I found the aneurism, situated so close to the origin of the temporal artery as to have involved this vessel to a very considerable extent.

The tumor upon the maxillary artery was about the size of a pullet's egg, and displayed a bleeding orifice of considerable extent.

After taking a view of the case, and considering that pressure had failed and even done much injury, and that the hemorrhage was so violent as to endanger the life of the patient at any moment, I finally determined to apply a ligature to the base of the tumor, and make an effort by that means to effect a cure. I was, however, not sanguine of success, as the trunk of the Temporal Artery was by this time enlarged to four or five times its normal size, and showed signs of becoming aneurismal. Still this plan appeared to me the more proper, as the Parotid Gland had become exceedingly enlarged and covered the temporal artery in such a manner as to offer a serious impediment to the effectual application of the ligature, while the internal maxillary presented no such obstacle to the operation.

I therefore at once proceeded to apply the ligature around the base of the tumor below the bleeding orifice. This for the present arrested the hemorrhage, but at the same time appeared to rapidly increase the enlargement of the Temporal Artery, which now became aneurismal and burst upon the 13th of March following.

The hemorrhage was now so rapid that his life was in imminent danger, notwithstanding all means to arrest it by pressure, &c. I was immediately sent for, to see the case again, but was unable to leave home so far in consequence of the indisposition of one of my own sons. Moreover I felt sure that no means would be effectual in producing a cure but the tying of the common Carotid.--- This opinion indeed, I had expressed upon first seeing the case ; but as I had never seen the operation performed I felt a reluctance to undertake it. In a few days however the patient was brought into Charleston, accompanied by his father and attending physician and I finally consented to take charge of the case. The tumor at this time was about the size of a large goose egg, with a bleeding orifice sufficient in size to admit the end of the index finger. His general health too was exceedingly bad, and his countenance exhibited a pallid and most unhealthy aspect. I at once began to prepare his system for the operation, and in the meantime was obliged to employ the use of a Tourniquet with a pad adapted to the orifice of the aneurism to arrest the bleeding. To accomplish this object a good degree of pressure was required.

The amount of pressure and the unhealthy condition of the parts combined to set up rapid ulceration; and by the time that I was prepared to operate, the orifice in the sack was about the size of a five franc piece, bleeding at intervals, notwithstanding every effort to restrain it. I was obliged to secure the constant attendance of Dr. Taylor a young physician (at that time residing with me) who, remained with the patient for the purpose of changing the dressings as often as the hemorrhage took place. Large quantities of patent lint were pulled to pieces and kept in readiness to pack into the orifice of the ulcer whenever the gush of blood took place. Upon this lint the pad of the Tourniquet was placed and screwed down with a very great degree of force, before it effectually accomplished the object. The principal bulk of the tumor lay in front of the ear, and it was upon this portion that the ulceration had progressed most rapidly.

I commenced the operation by making an incision through the integuments, immediately in front of the Sterno Cleido Mastoid Muscle, to about midway of the neck. I slowly and cautiously continued to dissect through the integuments as Dr. Trower, my assistant sponged the blood out of my way. I turned aside the external Cutaneous, the Phrenic, and Pneumogastric nerves as I cut on to them. I also turned aside several muscular arteries and veins. After getting down to the common Carotid, and passing the aneurism needle around it, I seized the end of the ligature with the small forceps. Before tightening the ligature I asked him how he felt. He answered easily and firmly that he felt well; but no sooner had I tied the ligature than he became speechless, making no attempt to answer a question put in the loudest tone,



but would stare at the speakers as though he heard, but was unable to reply. His pupils at once dilated exceedingly especially that upon the side of the ligatured artery.

In this listless condition he lay for sometime; it was five days before he was able to speak and then hardly intelligibly. With great difficulty he could swallow fluids, but it was many days before he manifested any desire for food. His pulse was very slow, beating not more than 30 times in a minute. Gradually, however, all of the symptoms gave way. The ulcer healed, the tumor entirely subsided, and the patient was once more restored to perfect health.

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## EXCISION OF THE UPPER JAW AND CHEEK BONES:

BY DR. SLOAN OF NEW ALBANY, IA.

Mrs. C., was the wife of a farmer in Washington county, about 60 years of age. We know but little of the early history of her case; she had suffered severe pain in her face and had taken the usual remedies without benefit. Dr. Reid of Salem, saw her in February, 1852; she had considerable enlargement of the left side of the face with severe neuralgic pains, and had recently had the second molar tooth extracted. The Dr. passed an instrument through the socket into the antrum and discharged some dirty looking serum. The swelling continued to enlarge and made an opening through the cheek into the antrum which continued to discharge a sero-purulent fluid. On the first of April I saw her with Dr. R.; her general health was good, but somewhat exhausted from severe suffering and loss of rest. Dr. R. visited her regularly afterwards, but the tumor continuing to enlarge and her only prospect of improvement being the removal of the part, I visited her on the 30th of May for that purpose.

I found the disease had been progressing rapidly since I first saw her. The cheek was irregularly prominent and indurated, and a fistulous opening with everted edges leading to the antrum; her general health good enough to afford a fair prospect of recovery from the operation. I was assisted by Drs. Reid, Flack and Smith.

Chloroform was administered during the first incision.

1st. An incision was made from the inner angle of the eye, through the lip near its angle.

A second from the Zygoma vertically downward, one half inch anterior to the meatus and curved below the fistulous opening so as to terminate in the first half inch from the free edge of the lips.

Third. A short incision carried around the upper border of the opening and terminating at each extremity in the second.

The lips, alae and septum of the nose were dissected up, and turned to the right side, the integuments of the cheek turned up over the forehead exposing the diseased mass. An incision with-

in the mouth was made along the union of the maxillary and pal-ate bones and between the maxillary bones. The division of the zygomatic process of the temporal bones, the external orbital process of the molar, the nasal process and union of the maxillary bones at the symphysis was effected with a strong cutting forceps. A chisel was then passed behind the jaw and acting as a lever and cutting instrument, the mass was easily turned out. Some portions adhering were afterwards removed with the gouge.

There was but little loss of blood, the coronary and facial arteries required immediate ligatures. the internal maxillary was arrested by pressure for a few seconds.

The wound was dressed with pins sutures and water dressings. The patient was considerably exhausted and took brandy during the operation and some immediately after. Reaction soon came on and we left her quite comfortable. She was ordered brandy and water with light nourishment. The next day Dr. R., found her quite revived, pulse good, but rather feeble; changed the outer dressings and continued the brandy. Second day found her cheerful, pulse 80, removed the stitches and straps, found the union perfect except at one point where the integuments were very thin, dressed that with court plaster and water dressing. Ordered an anema. She continued to improve her appetite was good, bowels regular. She slept well at night, and on the eighth day the wound had entirely healed. Everything progressed favorably until August 1st, when a small tumor made its appearance at the external angle of the eye pressing it downwards and inwards. Early in September I saw her at Salem, the disease had returned and nearly filled the cavity made by the operation, it also extended outwardly involving the frontal bone and displacing the eye downward and outward.

From the extension of the disease and a chronic diarrhœa which had been harrassing her for sometime, her health continued to fail until the 3d of November when she died. The tumor was fibrous, dense and interlaced with firm septa externally: lobulated and more easily separable in its interior. Although the operation failed in affording permanent relief, she was certainly rendered more comfortable and her life prolonged by the procedure.

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## GANGRENA ORIS.

BY J. W. CROOKS, M. D., OF ROCKPORT, IA.

In this article, the object of the writer is not so much to impart as to attract attention to, and solicit further information upon this subject. Medical writers have been, until very recently, strangely silent with reference to this terrible malady. In many instances those who have given it a passing notice, have only rendered the darkness that overshadows the subject still "more visible."



The diseases Aphtha, Scorbutus, Canker and Excessive Ptyalism have all been confounded in both books and practice, with the disease in question, although, intended to be treated as distinct and separate affections. Consequently under this confusion, and under the various circumstances and conditions with which the practitioner often meets with these cases, it requires no little professional acumen to determine with accuracy, the true character of the affection.

While it is involved in some uncertainty as to whether each, or any of these diseases originate idiopathically, or from some latent cause, or a general constitutional depravity, developing the one, or the other, as the respective influences may incite---it is quite certain, that the mildest cases of Aphthous condition may degenerate into the severest forms of Phagedenic ulceration and even Gangrena Oris.

It is the observation of the writer, after a practice of over sixteen years, that notwithstanding mercury has been a prominent and efficient cause, in many instances, in exciting this disease, it has probably had to bear a greater share of the odium than is justly its due. In making this statement, however, I rely more upon what other physicians have told me, than what accords with my own experience. For a long time, it has been universally attributed to the injudicious and excessive use of mercury; and there have not been found wanting, professional brethren to lend countenance to the doctrine---thereby affording to the vicious and unprincipled a prolific source of calumny against the profession. Such a course should be, and is, condemned by the profession at large, regardless of its source of origin.

There is no one thing in the profession better understood than, that the loose cellular substance about the mouth, cheeks, gums, fauces, &c., are peculiarly liable, more so than any tissue of the system, to assume dangerous forms of ulceration, which are prone to become malignant and Phagedenic in character. To this great susceptibility of the parts, add the frequent exciting causes known to contribute largely to the development of this class of affections, as derangements of the digestive functions from crude and indigestible substances, vitiated and acrid secretions, and, we have a fruitful source of causes without ascribing every instance to "excessive salivation."

As all these Aphthous and cankerous conditions of the mouth and adjacent parts are, more or less, so many evidences of deranged and imperfect digestion, and consequent lesion of the nutritive function---so are, the Phagedenic and gangrenous varieties. True, the disease under consideration often breaks forth with such a degree of violence, and marches on with such frightful rapidity, as to almost preclude the idea of its being other than one of peculiar character. \* But the rapidity of its progress is only commensurate with the great loss of the powers of life, the extremely asthenic and

debilitated state of the system. The writer has never witnessed a single instance of its occurring in a state of ordinary health, but invariably after protracted illness of the most impoverishing character to the system. The low state of the nervous influence, the almost total suspension of the nutritive process, and all the recuperative powers of the system in the lowest state of vital resistance, it is but the legitimate result that any gangrenous or ulcerative process, should spread with unprecedented rapidity. Taking this view of the subject, although, a disease of frequent mercurial origin, Gangrena Oris, may, and frequently does arise from a deteriorated and impoverished state of the vital fluids.

Any low form of fever, of protracted duration, either with or without the influence of mercury may give rise to its most aggravated forms. In diseases of an asthenic or typhoid type, gangrenous affections of the mouth often occur without the influence of this remedy; but, according to the observation of the writer, much more likely with its use. The effect of even the slightest Ptyalism under such circumstances is regarded a very unfortunate occurrence. The writer is far from believing that mercury is the sole, or even the most common cause of this disease; at the same time he would impress the idea that it is barely probable, this medicine may have more agency in the matter than is usually suspected. There is a singular fact connected with the practice of the writer. He has no recollection of a single case of this disease coming to his notice, where there was not mercury in some one of its forms administered at some stage of the illness. But in no case, save one, was it preceded by Ptyalism and even in that, very slightly. Nor was the remedy, in any case given to the extent that it would be reasonable to infer that its agency could be greater than a bare auxiliary in the development of the disease. Hence the conclusion, with the writer is, that when mercury does excite this affection, it is owing to some rare idiosyncrasy of the system, which diverts the ordinary course of the medicine, and prevents its more usual action upon the salivary glands. But, even in this contingency, there can be no fault with the physician, for no human sagacity could foresee the disastrous result.

It has been suggested that before the age of puberty there is a peculiar and special susceptibility to the deleterious effects of mercury; and this accords with the experience of the writer, as he has never witnessed a case after this period in life. The general principle, laid down by Dr. Wood, that it usually attacks children about the time of teething, is in the main correct; but the writer has observed a few cases considerably past this age. It would be important, were it possible, to describe that condition of the system in which this form of disease is most likely to occur.

There are a few peculiarities about the appearance of the subject, when taken in connection with what has been previously noticed, which might be of service to the observing practitioner, in the admin-



istration of mercury. A pale, waxy and transparent state of the skin, anxious countenance, a restless and glassy expression of the eye, would contraindicate the use of this remedy in any form, whatever might be its indications otherwise.

TREATMENT....As to local or topical applications, it is by no means certain that they are of any service, further than their disinfecting and detergent effect upon the immediate parts. The writer has used all the more powerful escharotics, as sulph. copper, nit. silver, creosote and nit. acid, without any apparent beneficial effects in arresting the progress of the Gangrene. He has seen a few cases survive, with considerable deformity, but in these the slough separated at a line of demarcation, only after the general improvement of the health, by the use of internal remedies. One instance illustrative of this fact, where a slough of two inches in diameter perforated the cheek; under a constitutional course of treatment, rapidly improved, and was finally sent to the country as well. In a short time his general health became seriously impaired, being located in a malarious district, was attacked with the ague, and after a few paroxysms, the little fellow's face was nearly in as bad a condition as ever. He was immediately put upon ferruginous tonics and vegetable alteratives, brandy and quinine, with a generous diet, and in a short time again the patient was in a fair way for recovery. He was kept under this course of treatment for some two or three months, at the end of which time he was discharged well.

The internal administration of the mineral acids, iron, an invigorating diet, and in malarious districts, quinine, with but little regard to quantity, so you have enough, is probably the best course that can be adopted. At the same time, due regard should be paid to the state of the sore itself. Probably the best topical application is one part of nit. acid, with three of water, applied with a little lint, immediately to the gangrenous part. This is about as strong a preparation as can be used, with safety to the adjacent parts, as the most usual location of the ulcer precludes the best mode of applying escharotics. Any of the other escharotics may be used as fancy or experience may dictate, but the writer regards them in no other light than as disinfecting and detergent agents; and this, by the way, is a matter of no small consideration with the nurse, for the ulceration is offensive beyond all possibility of comparison.

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## HATCHITT ON POISONING.

MESSRS. EDITORS:---Considering the vast amount of human life destroyed by arsenic, the perfect recklessness displayed in this country in the indiscriminate sale of this and other poisons, alike to men, women and children, on the most slight and trivial pretexts, and the consequent danger to which every one's life is exposed, not only from the conduct of the vicious, but from the conduct of the careless, it would be well for Physicians to keep fresh

in their minds the knowledge they already possess upon the subject of poisons, by the frequent perusal of cases.

The following case, although exhibiting no remarkable symptoms or anything new in practice, may nevertheless prove interesting and even profitable to some:

JUNE, 20th, 1853.---Miss M., aged 18, bilious temperament, strong healthy constitution, took arsenic for the purpose of committing suicide. About half an hour after taking it she was discovered to be very faint and sick; skin cold and clammy, pulse scarcely perceptible. I was immediately called, and finding the patient in inexpressible distress, suspected the cause and administered a full dose of Ipecacaunah. This acted promptly, causing her to vomit large quantities of green viscid matter with mingled ropy mucous. Demulcent drinks were administered freely, which continued the vomiting for several hours. The Hydrated Sesquioxide of iron was then directed to be taken in tablespoonful doses as often as the stomach would bear it through the night.

21st, 6 o'clock A. M.---Patient suffering intense heat in the tongue, palate, faucès, pharynx, and œsophagus and burning pain in the stomach. Pulse small, contracted, rapid, yet feeble; livid circle around the eyelids, great nausea and occasional vomiting. A mixture of equal parts of oil and lime water was directed; oz. iv. every hour; the Hydrated Sesquioxide of iron, every two hours.

21st, 7 oclock, P. M.---Febrile symtoms increased; burning heat over the whole body; insatiable thirst; excruciating pain in the stomach; tenesmus with slight purging. The iron discontinued, the Saponacious Liquid (oil and lime water) continued, and mucilaginous drinks with ice adlibitum, were directed.

22d.---Symptoms slightly moderated, though still suffering great agony from the burning pain in the stomach; stomach unable to retain the oil and lime water. Flax seed and elm water with ice continued.

23d.---Symptoms of gastro enteritis continue; suffering not so much from actual pain in the stomach, as from a sensation of intolerable weight or oppression in the epigastric region.

From this time the patient gradually improved, until the eighth day when she was discharged, being considered out of danger.---For several months her face and extremities exhibited the peculiar swelling produced by this poison, adema arsenicalis.

From circumstances afterwards developed, it is supposed the drs. jss. of arsenic was taken in this case.

J. G. HATCHITT, M. D.



## DYSENTERY AND ITS TREATMENT.

BY DR. REID, OF TERRE-HAUTE, IND.

The dysentery which prevails in malarious regions maintains the essential characteristics belonging to the diseases referred to this poison which is general and involved in these localities.

When the system has become saturated, and the vis medicatrix naturæ is no longer able to sustain itself against the overpowering influence of this the most subtle of all poisons, fluctuational derangements, widely differing may ensue. In one case there may be developed an ague---in another congestions of the brain, in another congestion of the stomach, and in another congestion of the liver, giving rise in its turn to a similar condition of the mucous membranes of the intestinal canal, which is the dysentery observed in malarious regions in the summer and autumnal months.

This poisonous impress is first made on the nerves of organic life, and of the various organs appointed to resist its impression that which is most depressed or weakened by antecedent causes is that predisposed first to yield in the order of derangement, hence the varieties above cited. I design to establish the truth of this position in relation to the last named disease, and having done so will introduce a treatment based upon these data which is valuable for its simplicity and commanding our regard for the harmony of its action upon the strictest pathological principles.

My proposition is, to state more clearly, that the liver is the first of all the organs invaded in this disease---that congestion obtains there which is its fons et origo and that the ensuing morbid derangements are its sequents owing to an obstruction in the return of the venous blood through the portal system and consequently that congestion of the mucous tissue of the large intestines must ensue which is the dysentery of this region.

Congestions arising in this organ, its normal functions are suspended or so changed that it no longer imparts to the system its salutary influence. If the secretion of bile is not entirely suspended, it at least is so far obstructed, that it no longer finds an outlet through the duct into the duodenum, hence the absence of bile in the dysenteric discharges. Or possibly it may be vice versa, defective secretion preceeding the congestion, as it is a well established truth that defective secretion and congestion are concomitant in the great and important secerning organ--the liver--the kidney's and mucous membranes, neither of which viewed as cause and effect can in any way change the truth of my position. Now, whenever this condition arises in the liver, the portal system is obstructed and the blood is no longer transmitted through this organ on its return to the heart. One of the most eminent writers upon this subject has remarked, "that it occasionally happens in dysentery as in typhus that death takes place before the excitement has had time to emerge, that is before reaction is established, and in such cases considerable congestions are found after death about the internal organs

but particularly in the veins of the liver." The large amount of blood thus suspended has a direct and certain tendency to fill up and distend the capillary net work spread over the mucous membranes of the large intestines. In these vessels there is a mechanical obstruction which no inherent power in them can remove it is congestion from obstruction. This net work is not only filled pro distensio facultate but beyond this---its vessels are no longer capable of sustaining themselves against this impending force and they are ruptured and their contents are poured out into the intestinal canal, adding another source of irritation to that already existing in the mucous tissue from its altered secretion. Defective secretion in the mucous membrane is not only the consequence of congestion which we have shown to exist but added to it is altered secretion and whenever this latter condition obtains in any secreting organ in the animal economy it becomes an irritant, a foreign substance unfit for any of the purposes of the normal secretion which it has supplanted. This defective and altered secretion which exists here arises from an excessive supply of blood to the parts congested. We have then deposited in the intestinal canal, both blood and mucous which are ranked among the prominent symptoms of dysentery.

In obedience then to one of the fundamental laws of our economy, an effort is made to dislodge this deposition of foreign and irritating matter, by the contratile force of the intestinal muscular fibres, hence the pain and tormina of dysentery. The paroxysm of pain subsides when the bowel has expelled the irritant which induced its contractility, and is apparently in a state of composure until it has again collected. The restorative powers of nature seek this as their only method of relief. The cause however still exists and the relief is but temporary as the vessels again fill up and pour out their contents as before.

Now whether the disease be left to nature or subjected to medical agents no permanent amendment can take place until the congestion of the liver has yielded and the blood can resume its natural course through that organ on its return to the heart. Dr. Johnson sanctions this opinion when he says that "the balance is still further broken by the check which the portal current meets in the liver from a corresponding torpor in the extreme or secreting vessels of that organ." Whenever the congestion of the liver gives way and it does not until its secretions are poured out into the bowels we then have the simultaneous suspension of the bloody alvine dejections and those of a bilious character taking their place. The blood is no longer forced back into the capillaries of the mucous membrane, and we have a sure evidence of a restoration to health.

On the contrary, if the liver is not relieved of its congestions, the discharge of blood continues from the causes above cited, and added to this, we have a mucous discharge which is the result of



an increased and altered secretion from the mucous membranes, the result of the primary functional derangement. This continues *pari passu* until the powers of life are exhausted and death supervenes.

The intropulsion of blood upon the mucous tissue of the alimentary canal is not the primary, as many have supposed, but the secondary result of an antecedent functional derangement, existing in another organ, the liver. Hence we may exclude cold as one of the causes which has been assigned in developing this disease.

Now where congestion has been set up the liver, we not only have as a sequent congestion of the mesenteric veins from mechanical obstruction, but we have an imperfect supply of sanguinous matter from which the bile is to be secreted, consequently this secretion is not only scanty but must be deficient in some of the elements which fits it for normal purposes in the animal economy. We have a localized or stationary fluid---not one that at every pulsation of the heart is coming up with fresh elements from the great centre of circulation to be subjected to a vital change in this great discerning organ, where bile is eliminated to take a different channel and discharge the important duties assigned to it in the animal economy.

We have then, not only a scanty supply of bile but have it deficient in those qualities which render it acceptable for healthy use.

Every part of the system is drawn into sympathy with this local difficulty, and while the main force of the disturbance is expended upon the organs and tissues here cited as integral parts of the whole, one after another of the distant organs feel the force of the central radiating poison, and yield to the effects which are inimical to the integrity of the whole. This then, is dysentery.

While most eminent writers have concurred in the opinion of its malarious origin, I know of none who have traced its pathological pathway as I have here recited.

Until our opinions are settled on this point, we can never hope to prescribe with any degree of precision, and doubt and confusion will obscure the mind and bring with it a well merited opprobrium. I am especially sustained in this opinion from the manner in which this disease has been almost universally treated.

Mercurials have occupied among the remedial agents a prominent place with the vain expectation of exciting the liver to action without reflecting in what way a healthy secretion of bile would give relief when such a result had been induced. Opium, too, has had its devoted advocates, who could only hope in its administration the relief of a symptom without reflecting that a permanent injury is substituted for the temporary relief of a symptom. Its direct and positive tendency to suspend the secretion of the liver, should with all reflecting men exclude its use in this disease.... Astringents have been added to the curative list, when a moments

thought would convince us, that if they could exercise the full influence of this class of agents, they would act in direct antagonistic force to the effect of nature in relieving itself.

They must be regarded as positively hurtful inasmuch as their influence is mostly expended upon the arteries, which excites them to a greater contraction in proportion, than on the veins and capillaries, and in this manner increases their already existing congestion.

So I might continue until I had reviewed all the remedies, which from time to time have had a current respect, but I deem it unnecessary, inasmuch as the pathology which I have ascribed to the disease, will assign to each and all the curative remedies, that position to which they are entitled. With this doctrine, clearly reflecting the primary and sequent internal derangement, does not the first and great duty of the physician indicate to him that his first object is to restore the lost or broken balance in the circulation---to remove the congestion of the liver, and thereby relieve that of the bowels which I have showed to be its sequel?

In the summer and autumn of 1852 and '53, dysentery prevailed to a very considerable extent in this and the adjacent counties, commencing at that season of the year when the miasmatic causes were at their maximum height. Previously to that, not having entirely freed my mind from the principles taught in our schools, and by authors of the highest respectability, I had from year to year been governed to a great extent in my treatment of this disease, by the pathological opinions of those who commanded my highest regard for their learning and research.

With all the light derived from such sources, I still felt the inefficiency of the means recommended to arrest the disease. I had used mercurials in every form, and had the mortification to witness as the result one or two bilious alvine dejections immediately succeeded by bloody, mucous and scanty stools with an increased prostration of the powers of life. I had used opium in all its forms to allay the pain which was wasting the declining energies of the system. I had prescribed the vegetable and mineral astringents without any permanent good, together with all the adjuvants at my command.

Commencing in the year 1852, and in accordance with the pathology I have advanced, I have since then relied entirely upon sulphate of magnesia to relieve the portal obstruction, and upon sulphate of quinine to give tonicity to the system and to obviate a recurrence of the hepatic congestion. At the onset of dysentery, or when first seen, I immediately administer a cathartic portion of the salts, and after its action, continue the salts, in small doses.... My usual habit is to dissolve dr. i. of the salts in six teaspoonful of water and of this give one teaspoonful every two hours.

Under this treatment the disease has yielded in a manner hitherto unknown to me. Bilious evacuations have been induced and sustained in the most satisfactory and gratifying manner. The whole



system is tranquilized and the tormina and dissidentilicupiditas cease. Immediately when the congestion yields which is known by the continuance of the bilious discharges quinine is to be given to sustain the tone of the system and prevent a recurrence of the portal obstruction. It may be given during the time the salts are used; the latter, however, should be continued in the small doses until every vestige of the disease has passed away.

This treatment is equally applicable to the dysentery of children as to that of adults, varying the amount of salts with the age of the patient. I have tested this treatment in so many cases and with such favorable results that I do not hesitate to recommend it to the consideration of the profession. Those of them who have used it as here described will bear testimony to its value over every other treatment. It is the only remedy I have ever used that has met my expectations in restoring and maintaining the bilious discharges from the bowels.

Having thus traced the pathology of dysentery in a brief manner and introduced a treatment in accordance with it I shall deem enough said when I speak of the *modus operandi* of salts in this disease.

Epsom Salts, or Sulphate of Magnesia, like other Salts of mineral acids, are readily absorbed and pass through the organism without change, but when they come in contact with stronger affinities obey the laws of chemical union and are resolved into new compounds. Such a result is seen in the use of Sulphate of Magnesia, in poison by lead. The compound of Sulphate of lead is found in the organism and thus a new inert substance is developed from that which before was poisonous. When absorbed they more frequently stimulate the kidneys into diuresis, but when administered as a cathartic their stimulating properties are expended on the mucous membrane of the bowels, and consecutively the muscular coat with a profuse effusion of serum into the bowels, becoming in this way a local depletant of the visceral veins. The first impression of a cathartic dose of salts on the mucous tissue is a slight sanguineous erythism caused by their stimulating properties, but effusion and exsanguination rapidly succeeds this condition. This is attended with enfeebled tone and slower motion of the circulating blood, caused by the loss of the solvent water. A like torpor extends to the liver for the lack of the proper attenuation to render the blood susceptible of passing the tubular tissues of that viscus.

This state of things must always exist from watery discharges, caused by drastic cathartics followed by torpid bowels---but in dysentery there is a local congestion of the veins of the mucous membrane of the large intestines.

The effect of one cathartic dose of the salts proves salutary in this condition by unloading the bowels of irritating ingesta, and

by temporarily relieving the veins of their engorgement, that other causes may combine to elevate their tone to a nominal standard.

It is an important object in the treatment of all local congestions to relieve their present distension, that tone may be given to the vessels by subsequent tonics, or stimulants. In the treatment of disease it is necessary to discern as far as possible when a local effect is desired, the particular tissues on which particular remedies act, and there is no better method of ascertaining their specific localization than first to determine their pathological effect. This must then become related in action to that tissue, and acts upon it or in relation to it, in either large or small doses.

When given in small doses the salts act as a tonic to the engorged vessels, where mucous irritation and muscular contractility are the characteristics, similar to that which large doses of the salts are capable of producing.

Sulphate of Magnesia in small doses is evidently a tonic to the mucous and muscular coats of the intestines when relaxed. This is strongly evinced in dyspepsia where under certain peculiarities of the disease no remedy seems to have a more invigorating influence.

In a physiological sense, the tonic property of the salts may be owing to the acid for if another portion of the acid be added which makes it a bisulphate the tonic property is more sensibly developed---though not so appropriate in the case above cited, for the excessive tonic property would engender irritation and increase the difficulty. We talk of the sensible properties of remedies, but what is a tonic? it is not the isomeric quality of that remedy but the relation it bears to the economy, acting for or against its harmony. We can but view remedies in two lights, the one when the dose is so large as to produce sensible qualities by instituting other symptoms or when the dose is so small that it acts within the vis recuperandi without engendering new symptoms. In dysentery then salts act in cathartic doses by removing the accumulated irritating matter from the bowels---in small doses as a tonic to the mucous tissue of the bowels, and as a gentle stimulant to the mucous membrane of the duodenum, thereby inviting a flow of bile to its surface. Saliva is not poured out into the mouth by exciting the gland itself, but by exciting the mucous surface where its duct terminates. So with the lachrymal, the mammary and every other gland of the system but especially so with the liver.

### CASE OF UTERINE POLYPUS.

REPORTED BY JOHN SWAIN, M. D., BALLARDSVILLE, KY.

On the 16th day of February, 1843, I was solicited to see Mrs. W., (of this county), aged 40 years, the mother of three children, and married at the age of 30; her hair and complexion light, eyes grey, and of nervous temperament. She had been suffering for



twelve months with menorrhagia during which time had been under the charge of two physicians whose prescriptions had made no amendment in her condition but permitted it gradually to grow worse, inflicting a constant sanguinary drain upon the system, which upon the least exertion became profuse and alarming.

The pulse was 70 small and feeble, tongue flat covered with a white coat, countenance depressed, skin exsanguinous and lifeless, complained of dizziness, debility, and loss of appetite.

I learned from enquiry that she had taken the usual menorrhagic remedies, and told her I could not make out a correct diagnosis without an examination per vagina, to which she assented.

Upon introducing the index finger of the right hand it encountered in the vagina a tumour the size of a hens egg lying in the mouth of the womb encircled by a flaccid and attenuated os tinca, the base of the tumor was attached above the neck of the womb and could not be reached with the finger, it bled profusely from the examination and freely from the least touch.

I now told her that all her disease was in consequence of the presence of Uterine Polypus, and that a simple, safe, and painless operation would relieve her of this inconvenient appendage, restore her to health, and if perfectly accomplished probably secure her from a like annoyance in future.

Upon an explanation of the mode of operating she consented to submit to it providing I would permit one of her former attendants, an old family physician, to be present, to which condition I willingly consented.

We met on the 19th of February, and having placed her horizontally across the bed her breech upon the front edge with her feet supported upon the plane of her body, I proceeded to pass the ligature by the use of a couple or two pieces of wire having a hoop at each end, and armed at one extremity with a silk cord, these I introduced together behind the tumour, and having reached the base and taking one in each hand passed the right one entirely around the neck of the morbid growth and over the other wire brought them together, passed the free ends of the cord through the lower hoops tightened and secured them by being wrapped around the wires jointly.

She was now placed comfortably in bed; the ligature was tightened the next day.

On my visit the third day I found the tumour disengaged and lying loose in the vagina.

There was no more hemorrhage after the passage of the ligature.

I now put her upon the use of tonics, she rapidly recovered and continued to menstruate up to the age of 45.

She has enjoyed a perfect immunity from disease up to the present moment (a period of 11 years), with a strong inclination to obesity laterly.

## A CASE OF LITHOTOMY.

REPORTED BY M. J. BRAY; EVANSVILLE, IND.

By the request of Dr. Muhlhausen, the attending Physician, I visited Wm. Hobet, who came to Evansville from a neighboring county, to procure medical aid.

He has naturally a good constitution, is tall, but at this time quite emaciated, has a nervo-sanguine temperament. *Æt* 30.

He stated that two years since, a person designedly introduced a bean into the urethra, while he was lying down, and it had lodged just anterior to the membranous portion; that it still remained there and could be felt.

We made an external examination of the parts, and could feel a small indurated lymphatic gland which the patient mistook for the bean.

He suffered with burning pain in the neck of the bladder, scalding in the urinary canal and difficulty in micturition, the prepuce was elongated and he had a constant tickling sensation in the end of the glans penis with a desire to urinate very often.

These symptoms caused us to suspect the true nature of his case, and after placing him in the usual position we, with difficulty, introduced the sound.

The difficulty was caused by the irritability of the urethra, which contracted upon the bougie and morbid sensibility of the bladder.

The examination was attended with great pain, and was not satisfactory; although it revealed to us that the bladder contained a calculus. He was advised to remain quiet, to take a mild but effectual cathartic, and to live on a light farinaceous diet.

For the burning in the urethra and pains through the hips and region of the pubis, and to increase the secretion of the kidneys, and to dilute the urine, so as to cause it to be less acrid and irritating, he drank freely of a decoction made of flaxseed and buchu leaves, and applied warm fomentations over the region of the bladder.

His sleep, which had been interrupted by his being obliged to pass his urine every hour in the night, was partially restored by the administration of a few grains of hyosciamus just before bed time.

This course of treatment, with slight variations, was continued for several weeks, and most of the unpleasant symptoms gradually subsided, so much so that his appetite improved, and his strength increased.

An examination was proposed a second time and made; which was more satisfactory than the first, but still attended with unusual pain and irritation. The bougie conveyed a peculiar sensation to the fingers, which was like that caused by running it into a small bag filled with gravel, the grating of the gravel.



upon the metallic sound could be felt distinctly on every side. To avoid any mistake a silver catheter was introduced into the urinary viscus, and its superior or pubic portion was examined, which appeared to be lined with gravel, and could be felt with the instrument just as plainly and distinctly as it could in its fundus or bas fond.

It was concluded from this examination that the bladder was diminished in size, which had been caused by irritation and inflammation and was lined with gravel imbedded in its mucous membrane, and perhaps in places it was incised.

The nature of the case was explained to the patient and the uncertainty of an operation, and it was left for him to decide whether he would be operated upon or not. His previous sufferings had been so great that he immediately consented and was willing to submit to anything which promised him relief.

On the fourth of January I performed the operation, assisted by Drs. Mulhausen, Ronalds, and Byford, in the presence of most of the Physicians of the city and of the medical class.

He was put on the operating table and a curved director was inserted with some difficulty into the bladder. It contracted so forcibly upon its contents, that most of the urine was forced out as soon it was introduced. The patient was secured in the usual way by tying his hands and feet together, and the gravel director or staff was held by an assistant. The lateral operation was performed by making an incision which commenced one inch and a quarter above the orifice of the anus in the mesial line, and extended downwards and outwards to the bottom of the perinetum, midway between the anus and the tuberosity of the ischium of the left side.

The fore-finger of the left hand was introduced into the wound at its upper angle, to feel for the grove, the nail was pressed firmly upon it, and an incision made into it upon the nail. The knife was exchanged for the probe-pointed bistuary; the point of the instrument was guided by the nail into the grove and pushed forward so as to divide the deep fascia, and then pushed into the bladder, slitting up the urethra and notching the margin of the prostrate within its course. The probe-pointed bistuary being withdrawn, the left fore-finger was insinuated into the bladder and the assistant removed the staff. The true nature of the case and the condition of the parts were the same as had been previously predicted.

The bladder was very small, and its walls quite thick and apparently lined with gravel which was imbedded in the mucous membrane. I commenced to remove it from its bed with my finger-nail; it was soft and in places easily separated; when much force was used the irritation caused the bladder to contract upon the finger so that further operations had to be suspended until it sub-

sided. A large portion of gravel was situated on the left side of the bladder and firmly incised; had it not been soft it could not have been removed. The spasmodic contraction of the bladder was nearly continuous during the last stage of the operation, which prolonged the time to nearly one hour. The only effectual remedy was warm water, which allayed the spasms for a short time. It was forcibly injected with a large syringe into the interior of the bladder so as to distend its walls.

After the gravel was separated from the parietes of the urinary viscus, it was removed with a scoop, excepting the finer portions which came away with the tepid water.

The patient was kept fully under the influence of chloroform the whole time. It apparently exerted no influence over the spasmodic contraction of the bladder, which is an unusual occurrence.

As soon as the operation was performed the patient was removed from the operating table to bed feeble and exhausted.

The fragments of stone were gathered up and found to weigh a little over two ounces. A portion of the stone was washed away and lost. If the whole could have been collected it would have weighed but little short of three ounces.

After the patient was safe in bed a tube was introduced through the wound made by the operation into the bladder to afford a free exit to the urine. In a short time a large dose of morphine was administered, and cold water applied through the agency of a large sponge, as soon as reaction took place; and no nourishment was allowed to be taken by the patient but a little thin corn meal gruel.

5th. The next morning the patient felt comfortable; he had, during the past night, several hours of undisturbed sleep, and awoke feeling refreshed; the pulse was one hundred and eight, skin a little above its natural temperature, and his urine had passed freely through the aperture of the wound, and the tube was removed, the cold lotion was continued, and the twelfth of a grain of antimony was ordered to be taken every hour in a decoction of flaxseed.

6th. Pulse 96; bowels constipated; slept the most of the previous night. He was ordered a dose of oil and the antimony stopped; local application of the same.

7th. Pulse 92; tongue slightly covered with a white coat; skin soft; rested well; wound discharging healthy pus, and looks well; urine continues to pass through the opening of the wound.

8th. Pulse 84; wound healthy; a portion of the urine passed through the urethra; and has a little appetite.

It is not necessary to give a detailed account of the symptoms and treatment of each day, but will say that he fully recovered



without one bad symptom, and he has no symptoms of the disease returning.

The color of the mass of stone was white, extremely brittle; and was in layers, which was easily separated. When broken it presented a ragged, uneven surface. I have never submitted the stone to any of the known tests, but, judging from its softness and formation, I think it is what is technically called a fusible calculus.

M. J. BRAY.

For the *Indian Medical Journal*

### PARKE ON PSEUDARTHROSIS.

Does the frequent movement of the fragments of fractured bones cause pseudarthrosis?

Almost all writers on Surgery assume as a fact, that the frequent movement of one fragment of a broken bone upon the other, or the bending of a limb at the fractured part is a cause of pseudarthrosis.

I have never seen any reasons given for this conclusion, neither do I believe there can be.

In my opinion, they err, in taking it for GRANTED that, because the fractured bones were occasionally disturbed, and pseudarthrosis followed, it must necessarily be a consequence of that disturbance. Such an assumption I consider altogether gratuitous!

First, we will consider how nature repairs fractures: Secondly, the admitted peculiarities of some systems; Thirdly, what is necessary to counteract this peculiarity of system; Fourthly, the effect of irritation on a part where nature is competent, and willing to do her duty; and, lastly, sum up the whole, and see whether the frequent movement of the fragments of a broken bone is a cause of pseudarthrosis..

Where a bone is fractured there is always more or less laceration of the soft parts, and, consequently, of the vessels immediately surrounding the fracture, blood is necessarily thrown out from these lacerated vessels, to a certain extent, after which absorption commences and takes up the blood which acted as a foreign body, irritating the parts and causing the vessels of the surrounding tissues to throw out around the fractured bone what we call plastic lymph, which with age increases in density, and is called provisional callus. This provisional callus retains the fragments of bone in apposition, until the vessels of the bone (which are fewer in number and consequently longer in performing their task) throw out the necessary quantity of plastic material between the extremities of the fragments, and finally deposit in it the phosphate and carbonate of lime with the other earthy matter in sufficient quantities to make it of the proper bone consistence. After which, the provisional callus is absorbed, and the fracture completely repaired.

We now come to the peculiarities of the systems of certain individuals.

It is admitted by all physiologists and surgeons, that we occasionally meet with persons who, as far as we are able to judge, are perfectly healthy in every respect, yet when a fracture takes place, the system does not proceed to repair the injury by the deposit of the required ossific material. This, then, being conceded, it becomes our duty, in the THIRD place, to enquire what is necessary to counteract this peculiarity of system.

It appears that, in order to throw off this plastic material, and afterwards deposit in its cells the required earthy matter, a certain amount of INFLAMMATION is actually necessary. This predisposition, therefore, consists in the lack of the necessary inflammation requisite to produce the ossific deposit; then, of course, to counteract that predisposition, we irritate the part and get up an inflammation; after which nature goes on and completes the reparation.

In the FOURTH place: what is the effect of irritation on a part where nature is competent and willing to do her duty? All will agree that it will produce an unnecessary amount of inflammation, and consequently a redundancy of callus, causing what we call an EXOSTOSIS.

We now come to the summing up of the whole, and what do we find? We find, in the first place, that this peculiarity of system is a deficiency of the necessary inflammation, or a too early subsidence of it, before the earthy matter is deposited in the gelatinous. Therefore, anything which will excite inflammation in the part is proper, as long as you do not destroy the apposition in the fragments; in which case you might have a CROOKED bone; in fact, might we not prevent pseudarthrosis by irritating the parts before the inflammation has entirely subsided, if we saw it was of a sub-acute or low order? I think in this does the Surgeon show his judgment and skill.

But, if inflammation is necessary for ossific reparation, and its absence a cause of nonunion, how can a superabundance of it be also a cause of nonunion? Impossible! I therefore say, when pseudarthrosis follows the movement of fragments of fractured bones on each other, it only goes to prove that this peculiarity of system prevailed to such an extent that the friction and movement made was not sufficient to overcome it. This is proven by the fact, that the Seaton is afterwards used with complete success, the inflammation being set up by its presence, and a perfect cure the result.

C. R. PARKE,

Bloomington, Ill.



## A CASE OF FATTY DEGENERATION OF THE ARTERIES.

REPORTED BY W. D. TANNER, M.D., OF CAIRO, KY.

MESSRS. EDITORS: I have reported the following case, as one of uncommon occurrence, and one of great interest, at least to myself.

About the 20th of March last, I was called by my friend, Dr. Posey, to assist in the post mortem examination of a negro woman, who died under the following circumstances, as detailed to me by the doctor:

Some five days previously he had been called to see the woman, and found her laboring under the following symptoms:

Want of appetite, a peculiar sensation at the pit of the stomach, nausea, shrunk and dejected countenance, slight giddiness, dull and heavy appearance of eyes, a general sensation of weariness, debility and disinclination to mental or corporeal exertion; pulse quick, small, and irregular; the bowels unusually torpid. She complained of no pain, except the peculiar sensation in the Hypogastric region.

Having had several cases of Typhoid Fever in the same family, he at once pronounced it to be the same, and adapted his treatment to meet the indication of that affection.

After pursuing this plan of treatment for four days without making any favorable impression upon the system, he concluded that some complication must exist of which he was as yet unaware. Upon close examination, he suspected organic disease of the heart, although the sounds emitted did not exactly coincide with those of Hypertrophy, Atrophy, or dilatation of the ventricles.

The range of the sound of the heart was extensive, being audible over a considerable portion of the anterior and lateral parietes of the Thorax. The sounds were confused and tumultuous, producing on the ear a sense of commotion, than of regular, forcible and circumscribed impulse.

This departure from the ordinary signs of Heart disease, led to the Autopsy, which took place twelve hours after death: the death occurring on the fifth day of the attack.

Upon examination the following appearances presented themselves: Lungs of a grey color, red upon the depending portions, but little collapsed, occupying nearly the whole of the cavity of the thorax; Pericardium healthy; Heart apparently natural in size and consistence. About five inch from the heart, in the cavity of the Aorta, was found attached to its parietes an oyster-shaped substance, of a fatty composition, occupying about one-third of the area of the vessel. A similar substance, but not so large, was found in the pulmonary vein near its entrance to the heart.

The stomach, gall, bladder, spleen, kidneys, and uterus were healthy. The intestines healthy, with the exception of some ulcerated glands in the jejunum. The Omentum, also, appeared to have been affected with chronic inflammation. The brain was not examined.

The only remarkable feature of this case consisted in the deposits found in the large vessels. Whether or not these fatty degenerations were present in other parts of the arterial system, I am unable to say; but I will venture the assertion, founded upon my own knowledge of the post-mortem appearances after death from Typhoid Fever, that, although this woman had the disease, yet it was not the immediate cause of her death. To the obstruction of the circulation, and the consequent want of the revivification of the blood must be attributed the death of this patient.

I report you this case because I deem it one of uncommon occurrence, and one likely to be of interest to the profession; and, also, because I am convinced that disease of the heart, in some form or other, is more common in our miasmatic districts than is generally supposed, and would be more often diagnosed were a more uniform system of auscultation and percussion practised among us.

## CASE OF ULCER, TREATED BY BANDAGING AND COLD WATER.

REPORTED BY J. N. W. CONN, M.D., OF PELHAM, TENN.

MESSRS. EDITORS: I forward you the following case, as one illustrative of the great efficacy of the application of the bandage and cold water in promoting the cure of ulcers.

I was applied to for advice, by a man of about sixty-four years of age, of good constitution, corpulent person, and temperate habits, under the following circumstances:

About one month previously, in endeavoring to lift a large log, he felt something give way about the carpus; a great deal of pain and soreness about the parts ensued; and, in the course of a week or more, a running sore appeared upon the wrist. From this time rapid ulceration took place, destroying the superior portion of the Palmar fascia, and extending some two inches or more up the fore arm, so as to expose both the Ulna and Radius.

TREATMENT:—With a sponge and cold water I first thoroughly cleansed the sore of the dark, bloody matter with which it was covered. I then poured upon it some three or four gallons of cold water, letting it fall from the height of a foot or more. Lastly: I applied a bandage firmly and evenly, and as tight as it could be done without inconvenience to the patient, from the extremity of the fingers to the elbow. This bandage I suffered to remain untouched.



from twenty-four to thirty-six hours at a time, causing cold water to be freely poured over it every hour or two. This, with the injunction of the perfect quietude of the patient, and an occasional aperient, constituted the whole of my treatment for a period of three weeks; at which time the sore assumed a healthy aspect and began to suppurate. The patient now left me and returned to his home, some three hundred miles distant.

In a short time I received a letter from him, informing me that, after continuing this treatment for about a month, the sore had entirely healed, without the slightest unfavorable symptom or the application of any other curative means.

I could point out to you many instances where a similar treatment has been successful in my hands, in effecting cures of diseases of this nature; and I believe that the curative tendency of a well applied bandage, and of the use of cold water, poured from a height sufficient to excite the part, are points well worthy of more attention from the profession than they have heretofore received, in the treatment of old, indolent ulcers.

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As the attention of the Profession is at the present time much occupied in the consideration of the two great Epidemics, the Editors have thought it advisable to exclude some original matter from this number, for the purpose of laying before our readers two important papers upon these subjects, viz:

The general conclusions, arrived at by the Board of Health of England, relating to Yellow Fever, and summed up in fifteen propositions, extracted from Fenner's History of Yellow Fever of 1853.

And the synopsis of a general summary of the new opinions which have been advanced, respecting the nature and treatment of Cholera, since the year 1853, extracted from Braithwaite's Retrospect, January, 1854.---Eds.

#### CONCLUSIONS OF THE GENERAL BOARD OF HEALTH RELATIVE TO YELLOW FEVER.

From a consideration of the whole of the preceding evidence respecting Yellow Fever, we have arrived at the following conclusions:---

1. That Yellow Fever Epidemics break out simultaneously in different and distant towns, and in different and distant parts of the same town, often under circumstances in which communication with infected persons is impossible.

2. That Yellow Fever Epidemics are usually preceded by the occurrence of individual or sporadic cases of the disease, which sporadic cases are likewise common in seasons when no Epidemic prevails.

3. The Yellow Fever Epidemics, though occasionally extending over large tracts of country, are more frequently limited as to the space over which they spread, often not involving the whole of a town, and sometimes not even any considerable district of it.

4. That Yellow Fever Epidemics do not spread from district to district by any rule of gradual progression, but often ravage certain localities, while they spare entirely, or visit very lightly, others in the immediate neighborhood, with which the inhabitants are in constant communication.

5. That Yellow Fever Epidemics, when they invade a district, do not spread from the houses first infected to the next, and thence to the adjoining, and thus extend as from a centre; but on the contrary, are often confined to particular houses in a street, to particular houses on one side of a street, to particular rooms in the same house, and often even to particular rooms on the same story.

6. That in general, when Yellow Fever breaks out in a family, only one or two individuals are attacked; commonly the attendants on the sick escape; and when several members of a family are successively attacked, or the attendants on the sick suffer, either the epidemic was general in the locality, or the individuals attacked had gone into an infected district.

7. That when Yellow Fever is prevalent in a locality, the most rigid seclusion in that locality affords no protection from the disease.

8. That, on the other hand, so great is the success attending the removal from an infected locality, and the dispersion of the sick in a healthy district, that by this measure alone the further progress of an epidemic is often arrested at once.

9. That such dispersion of the sick is followed by no transmission of the disease, not even when the sick are placed in the wards of a hospital among patients laboring under other maladies.

10. That no one of the preceding facts can be reconciled with any other conclusion than that, whatever may be the exciting cause of Yellow Fever, it is local or endemic in its origin: and the evidence of this conclusion is, therefore, cumulative.

11. That the conditions which influence the localization of Yellow Fever are known, definite, and, to a great extent, removable; and are substantially the same as the localizing causes of Cholera, and of all other Epidemic diseases.

12. That, as in the case of all other Epidemic diseases, in proportion as these localizing causes are removed or diminished, Yellow Fever ceases to appear, or recurs at more distant intervals, and in milder forms.

13. That besides the common external localizing causes, there



is one constitutional predisposing cause of paramount importance, namely, non-acclimatization---that is, the state of the system produced by residence in a cold climate; in other words, European blood exposed to the action of tropical heat; the practical lesson being, that the utmost care should be taken to prevent individuals or bodies of men recently arrived within the Yellow Fever zone, from going into a district in which the disease actually exists, or has recently been present..

14. That there is no evidence to prove that Yellow Fever has ever been imported.

15. That consequently the means of protection from Yellow Fever are not quarantine restrictions and sanitary cordons, but sanitary works and operations, having for their object the removal and prevention of the several localizing conditions, and when such permanent works are impracticable, the temporary removal, as far as may be possible, of the population from the infected localities..

We deem it our duty to state, in conclusion, that from the most careful examination which we have been able to make of the mass of evidence submitted to us from which the foregoing conclusions have been deduced, we have not found a single fact or observation clearly ascertained and authentically recorded, opposed to the general tenor of such evidence.. We have met with no exceptional cases.. We have indeed found the opinions of some authorities, for whom we entertain great respect, not in accordance on some points, but these have reference for the most part to matters of a purely professional and scientific nature.. On the great practical question, whether, whatever may be the nature and mode of propagation of Yellow Fever, Quarantine and Sanitary Cordons can afford any real protection against its introduction and spread, we believe there is now a very general unanimity of opinion, in accordance with the evidence we have submitted, that they cannot.. We believe there is the like general agreement in this further practical conclusion, that the substitution of Sanitary or Hygienic measures for Quarantine isolation and restriction, would afford more certain and effectual protection.

## ASIATIC CHOLERA.

PREVENTION....During the prevalence of choléra, persons in connection with cholera patients should carefully wash their hands before taking food. The soiled linen should be immediately immersed in water as soon as it removed.. The greatest care should be taken that the water for drinking be not contaminated by cess-pools, drains, or sewers. If suspected, it should be boiled and filtered.. The provisions should be well washed with clean water, and, if possible, exposed to a temperature of at least 212° Far..

enheit. When a case of cholera appears in crowded neighborhoods the healthy should be immediately removed, except those absolutely necessary to wait upon the sick. Dr. J. Snow, p. 301).

**CALOMEL TREATMENT.**---Give grain doses of calomel repeatedly, with one or two drops of laudanum with each dose, up to 24 or 30 drops, when it may be discontinued. Dr. Ayre speaks with the greatest praise of this simple mode of treatment. He says, that as soon as the secretion of the liver is restored a favorable change takes place. It would seem very difficult to salivate a patient in this disease. (D. J. Ayre, page 301.)

In collapse pursue the following treatment: Give 15 grains of sulphate of zinc, and 15 grains of ipecacuanha, and repeat the emetic in ten minutes. In about twenty minutes place upon the tongue 20 or 30 grains of calomel, and repeat from 2 to ten grains or more, every ten, twenty, or thirty minutes, according to the severity of the symptoms. Give beef-tea injections every half hour to support the strength. Allay vomiting or thirst by ice or very cold water, in teaspoonful doses, ad libitum. Avoid giving stimulants. When the stools contain bile continue small doses of calomel for a short time, then give 20 grains of rhubarb and 30 of sulphate of potash, in peppermint water or a castor oil draught. Afterwards reduce the fever by salines; and lastly, restore the strength by quina, ammonia, &c. (Mr. F. W. Richardson, p. 303.)

**COUNTER-IRRITATION, CALOMEL, ASTRINGENTS, &c.**---The author says he has tested the following plan of treatment in nearly all parts of the world. Turpentine epithegms, or mustard poultices, to be applied to the abdomen. Give ten grains each of calomel and prepared chalk, in treacle, every hour, along with half an ounce of the following mixture: Take of compound powder of chalk with opium, powdered acacia, and white sugar, each two drachms; sesquicarbonate of ammonia, one and a half drachm; cajuput oil, twenty minims; tincture of catechu, three drachms; with camphor mixture, eight ounces. When the stools become feculent, substitute the following until the purging stops: Take of acetate of lead, half a drachm; Battley's sedative solution of opium, fourteen minims to one drachm; oil of cinnamon, four minims; tincture of ginger, three drachms; and infusion of quassia, eight ounces. An ounce may be given every two hours, (Mr. C. A. Chavasse, p. 304).

**CROTON OIL.**---Give one or two drops of Croton Oil on a small piece of sugar, and repeat it every two or three hours if the vomiting and purging continue. At the same time apply hot bricks or bags of hot sand to the feet. The action of this remedy in this disease is not clear, but it certainly does not act as a purgative. Dr. Hancox, "Lancet," October 8, 1853).

**QUININE.**---Of all remedies heretofore tried as a palliative, with the exception, perhaps, of opium, there is none more deserving of



further trial than quinine. (Ed. "Medical Times and Gazette," page 409).

**SULPHUR.**---In the ordinary diarrhœ preceding cholera give a quarter of the following mixture every two or three hours: Twenty grains each of precipitated sulphur and sesquicarbonate of soda, two drachms of tincture of lavender, and six ounces of water. Hot fluids and vegetables should be avoided. If the disease has advanced to vomiting give the remedy every quarter of an hour until it stays upon the stomach. If diarrhœa has preceded the treatment by some days, give five or ten minims of tincture of opium with each dose. (Mr. J. Grove, p. 304).

**SULPHURIC ACID.**---Dr. Fuller sums up his experience as to the value of sulphuric acid as follows: In Asiatic cholera give 3 ss. doses of the dilute acid; he says it exercises a most favorable influence. In bilious diarrhœa he believes it to have little or no effect, but in epidemic or autumnal diarrhœa and more decided choleraic diarrhœa he has never known it to fail. To render it a certain and effectual remedy the above dose should be given every twenty minutes. (Dr. H. W. Fuller, p. 305).

**"MAXWELL'S REMEDY."**---Give one scruple of sesquicarbonate of soda with three grains of opium, in a bolus, washed down with another scruple of soda, in a wine-glassful of water as hot as the patient can swallow it. Repeat it in the evening, with two grains of opium, if necessary, and afterwards give it in diminished doses. (Dr. Maxwell, p. 307).

**DECOCTION OF CATECHU.**---When the cholera broke out in the 37th regiment, at Colombo, in Ceylon, in 1847, after trial of various systems of treatment, the most successful plan was found to be strong decoction of catechu administered both by the mouth, combined with laudnum, and by enemata (to the amount of two wash-handbasinfuls) conjoined with laudnum, turpentine, ether, ammonia, &c., according to the circumstances of the case, and the condition of the patient. The intense pain in the epigastrium, and the vomiting, are best relieved by applying hot spirits of turpentine to the stomach, and iced drinks, especially champagne. Excess of stimulants is fraught with great danger. The inhalation of ether was tried, but with questionable success. In some cases, however, a remarkable restoration of cuticular warmth took place, and increased fulness and force of pulse. (Mr. A. J. J. Chitty, p. 309).

**SALINE INJECTIONS.**---As the saline constituents of the blood in cholera are greatly diminished, keep ready for solution the following powder: chloride of sodium, three ounces; phosphate of soda, one ounce; carbonate of soda, one ounce and a half; sulphate of soda, half an ounce. This powder should be dissolved in water until the fluid has a specific gravity of 1040, and then heated to 98° F. It is then ready for injection into the blood. (Dr. G. O. Reese, page 308).

**CHLOROFORM INHALATION.**---Mr. G. H. Heath strongly recommends the inhalation of chloroform to keep the stomach quiet until some powerful anti-emetic medicine has had time to affect the system, and relates a case in which it appeared to be very effective. (p. 310).

**EXTERNAL STIMULANTS.**---Mr. T. M. Greenhow recommends a plan of producing external stimulation, which, though not quite so formidable as the actual application of the actual cautery, and which he says is often resorted to in India, is yet a sufficiently formidable operation. It is a **BRANDY BLISTER**; a linen rag dipped in brandy is applied to the abdomen and ignited; vesication may follow, though it does not invariably. If needful, repeat it; the part to which it is applied may be varied. (Page 311).

**COLD WATER AFFUSION, OR DOUCHE.**---In India, in 1845, cholera was treated as follows; The patient was placed in a hip bath and water poured over him, while hospital attendants rubbed the limbs and trunk. This was continued until he shivered or felt chilly. He was then placed in bed and dry rubbed. If he relapsed, as they often do when the warmth of surface returns, the process was repeated. Generally the first operation was successful; it rarely needed beyond three or four repetitions. Little internal medicine is needed, except cold water. The beneficial effects of this douche plan are believed to arise from the stimulation given to the respiratory, and secondarily, thereby to the circulatory functions. The author of this paper considers the premonitory diarrhœa to be neither part nor parcel of the disease. (Mr. E. M. McPherson, page 311).

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## MEETING OF THE STATE MEDICAL SOCIETY.

EVANSVILLE, May 17, 1854.

The Indiana State Medical Society assembled in the Medical College in Evansville. The President of last year being present called the meeting to order, whereupon Drs. Lomax and Mothershead were requested to conduct the President elect (Dr. Deming) to the chair. The President upon taking the chair said:

**GENTLEMEN OF THE MEDICAL SOCIETY:---**

I feel duly sensible of the responsibilities of the station with which your partiality has honored me, and I shall endeavor to preside over your deliberations in such a manner as to aid you in the prosecution of the legitimate business of our association. The great interests committed to us by society, call for harmony of feeling and unity of effort, in their promotion. Let the spirit which has animated past meetings govern us in this, and we shall have reason to congratulate ourselves upon its successful issue.



The Committees were then filled up.

Dr. Casselberry, in a very neat and handsome manner, welcomed the State Medical Society to the hospitality of the city of Evansville.

The Executive Committee then made their report of the order of business for the present meeting, which was as follows :

The Executive Committee beg leave to present the following as the order of business at the present session :

1st. Report of Committee on Admission.

2d. " " Officers of Society.

3d. " " Standing Committees.

4th. " " Special " "

5th. That a committee of five be appointed by the President, to nominate officers for the society for the following year, and also delegates and alternate delegates to the American Medical Association for 1855.

6th. That a committee of five be appointed by the President, to prepare resolutions for the consideration of the Society:

7th. That any paper to be read before the Society under the appointment of the Executive Committee, be presented at such time as the Society may designate.

8th. That any who may wish to make any communication to the Society, relating to the interests of the Profession, have leave to do so.

9th. According to instructions, the Executive Committee would amend their report by recommending that a committee of three be appointed by the President, to report on the practice of medicine in Indiana, with the topography of the State, and, as far as possible, the meteorological changes of the year.

10th. A committee of three be appointed to report on the practice of Surgery.

11th. A committee of three be appointed to report on Obstetrics.

12th. A committee of three be appointed to report on Medical Literature.

The Committee on Admissions reported the following names for membership, who were admitted :

Dr. E. MURPHY,	Dr. E. ALBERTSON,	Dr. E. CALDSTADT,
" HUGH RONALDS,	" J. SOMES,	" J. B. WILSON,
" J. T. WALKER,	" J. G. HATCHET,	" H. D. HENDERSON,
" D. N. NEGLEY,	" O. E. WALKER,	" H. MULHAUSEN,
" D. H. JESSUP,	" W. GRAMM,	" J. CONYNGTON.
" M. MULHAUSEN,	" J. R. WILCOX,	

The following committee were then appointed on resolutions:

Drs. Mothershead, Jessup, Town, Casselberry, and Charles Ellis.

Committee on nominations are :

Drs. Reid, Mothershead, Brower, Byford, and Casselberry.

The following resolutions, presented by Dr. Town, after having laid over under the rule one year, were passed :

RESOLVED, That Section 4 of Article 3 of the By-Laws be so amended as to allow the Finance Committee to assess a pro rata of \$2 and not exceeding \$3 upon each member of the Society.

RESOLVED, That the regular annual meeting of this Society be held at such a place as the Society may adjourn to, on the first Tuesday preceding the fourth Monday in May.

RESOLVED, That Article 3 of the By-Laws be so amended as to provide for the appointment of a standing committee on Vital Statistics.

Adjourned to 2 o'clock, P.M.

APR 11 1889

Two o'clock, P.M.

Society met pursuant to adjournment.

Dr. Harding, Vice President, in the Chair.  
Committees were then called.

Dr. Brower, from the Committee on Vital Statistics made a verbal report, with reference to the passage, by our Legislature, of Registry Laws. The Committee was continued for further consideration of the subject.

Dr. Bray, from the Committee on Causes, Pathology, and treatment of Schirrus, made a very able and elaborate report, which was referred to the Publication Committee.

Dr. McLean, from the Committee on Chemistry, laid before the Society a lengthy report on the progress of Chemistry. Referred to the Publication Committee.

Dr. Mayo, from the Committee on Pathological indications of the Urine, made a lengthy report. Referred to Committee on Publication.

The Committee on Admission then reported the following names for Admission :

Dr. W. W. HITT,	Dr. A. LESLIE,	Dr. A. FARREL,
" H. M. SMITH,	" M. S. BLUNT,	" J. LINDSLEY,
" E. P. RUNCIE,	" W. READER,	
" E. BRAY,	" J. C. WELBURN.	

The Committee then offered the name of Dr. Hallock, Druggist of Evansville, for admission, whereupon a rather lengthy discussion occurred, in which nearly all participated.

A motion was then made to refer back to the Committee Dr. Halleck's application. The following is the report of the Committee :

"The Committee on Admission, after having the case of Dr. Halleck under consideration for membership, report it inexpedient to admit him at this time."

Dr. Morgan offered the following resolutions :

RESOLVED, That any person wishing for the reports of this



Society, can obtain the same by sending the amount of the regular assessment of members to the Secretary.

RESOLVED, That the Secretary be instructed not to send the reports to any person who does not pay his annual assessment.

On motion, the Society adjourned to 9 o'clock, A.M.

#### SECOND DAY'S PROCEEDINGS.

NINE O'CLOCK, A.M.

In our report of the proceedings of the Convention yesterday, we neglected to state that Dr. Halleck, a vender of patent medicines, made application for membership in this Society. The question whether a vender of patent medicines could consistently become a member of this Association, was fully and ably discussed generally. The Convention then settled the principle with great unanimity, that no vender of patent medicines could become, or consistently remain, a member of the Society.

The following are the correct resolutions passed in the above case :

"The Committee on Admission, after having the case of Dr. Hallock under consideration for membership; report it inexpedient to admit him a member of this Association."

The Convention was called to order by the President at 9 o'clock, A.M.

The Committee on Admissions reported the following names for membership :

Dr. J. M. IRELAND, Dr. R. W. WELLMAN, Dr. J. KIVETT.

" J. DEBRULER, " W. M. ELLIOT,

Dr. McClelland read a very able report on Milk Sickness. Referred to Committee on Publication.

Dr. Byford offered the following :

The Executive Committee would recommend that a committee of one on the History of Surgery in Indiana be appointed, to report at the next annual session of this Society, if possible.

Dr. Town, from the Committee on Resolutions, submitted the following resolutions, which passed :

WHEREAS, The legitimate object of this Medical Association is the advancement of the Medical Profession, and the promotion of lawful enterprise, intimately connected with the Science of Medicine and Surgery, and not for the purpose of promoting men and swelling our numbers by the admission of applicants ; and

WHEREAS, None but regularly educated physicians, or such as have enjoyed ample opportunities of improvements in Medical Science, are suitable persons to become members of this Association, and to whose watchful care and protection alone can such weighty interests be safely entrusted. Therefore,

RSOLVED, That no physician can hereafter become a member of the " Indiana State Medical Society," who is not either a gra-

duate of some respectable medical school, or a member, in good standing, of some local medical society, or comes recommended by the nearest medical society to which he may live.

RESOLVED, That a standing committee of three, with Dr. Brower as chairman, be appointed on Vital Statistics, whose duty it shall be to digest and mature a Registry Law, and report to the next Legislature for its passage.

Dr. Brower offered the following resolution which was passed:

RESOLVED, That a committee of three, of whom the Secretary of the Society shall be, ex-officio, a member, shall be appointed, who shall be empowered to forward to any member who may express a desire to attend the National Medical Association, a certificate of appointment.

The Committee consists of Drs. Graham, Town, and the Secretary.

Dr. Byford made a report respecting the late meeting of the American Medical Association at St. Louis. He gave a full and accurate account of the papers laid before that body.

On motion of Dr. Brower the thanks of the Society were tendered to Dr. Byford for his able report.

On motion of Dr. Casselberry, it was

RESOLVED, That the next meeting of this Society be held at Indianapolis.

The Committee on Nominations made the following report for officers for the ensuing year:

President---M. J. Bray, Evansville.

Vice-Presidents---O. S. Clark, Lafayette; P. S. Shields, New Albany; J. Pennington, Milton; J. L. Mothershead, Indianapolis.

Secretary---Charles Bowman, New Albany.

Assistant---H. D. Henderson, Salem.

Corresponding---Hugh Ronalds, Evansville.

Treasurer---J. L. Mothershead, Indianapolis.

Librarian---S. Ritter, Putnam county.

Committee on Admission---Drs. Byford, Mears, McClelland, Murphy, and Clay Brown.

Delegates to the American Medical Association---R. T. Brown, E. Murphy, E. Albertson, J. Pennington, J. S. Bobbs, S. G. B. Mitchell, W. Davidson, E. Deming, T. Bullard, J. Noffield, R. Willard, C. Fishback, H. D. Henderson, H. M. Smith, and S. M. Linton.

Executive Committee---Drs. Mothershead, Bobbs, Brower, Hunt, and Lomax.

Committee on Publication---Drs. Town, Sloan, Bowman, W. A. Clapp, and Wilson.

Committee on Ethics---Brower, Kersey, Mears, Town, and Sexton.



Committee on Finance---Parry, Harding, Ronalds, Funkhouser, and Hitt.

Committee on Practice in Indiana---Brower, Somes, and Deming.

Committee on Practice of Surgery in Indiana---DeBruler, Bobbs, and Lomax.

Committee on Medical Literature---Drs. A. Clapp, Byford, and Reagan.

The following resolutions were passed :

RESOLVED, That the Secretary be instructed to furnish with each copy of the regular report, such blank forms as may be furnished him by the chairman on Vital Statistics.

Dr. Brower offered the following resolution, which was made the order of the day for this afternoon :

RESOLVED, That this Society regard with great satisfaction, the project advanced by Drs. Ronald and Byford, of Evansville, of publishing a Medical Journal at this place, as a ready and appropriate means of intercommunication, by the Profession throughout the State, on subjects connected with medical science, and eminently entitled to the cordial support of every member of the profession.

Two o'clock, P.M.

Society met pursuant to adjournment. The Vice-President in the chair.

On motion of Dr. Reed, it was

RESOLVED, That so much of the Code of Ethics of the American Medical Association as adopted by the Indiana State Medical Society be printed in the next Annual Report.

On motion, the Committee on Members were continued.

On motion, the special committees were then filled up.

Committee on Neuralgia---Drs. Morgan, Grimes, and Jessup.

Committee on Scarlatina---Drs. Flora, Fry, and Kersey.

Committee on Practice of Medicine---Drs. Ronalds, Johnson and Blunt.

Committee on History of Surgery in Indiana---Drs. Bray, Bobbs, and Casselberry.

Committee on Obstetrics and Puerperal Fever---Drs. Graham, Murphy and Flora.

Committee on Diseases of the Eye---Dr. Fry.

Committee on Medical Topography---Dr. R. T. Brown, Chairman.

Dr. Town moved that a committee of five be appointed to take such steps as may be necessary for procuring a charter for the Association---passed.

The Committee consists of Drs. Mothershead, Parry, and Mears

Dr. Brown proposed to take up the resolution laid on the table at the close of the morning session, in relation to the Evansville Medical Journal.

After the passage of this resolution it was ably and eloquently discussed. Many members from abroad supported the project of the publication of a Medical Journal in Evansville with zeal and ability.

Dr. Byford being called upon for a speech, favored the Convention with an exposition of his views, in relation to the necessity of the publication of a Medical Journal in Indiana, in which he sustained his position with marked ability. He thanked the Convention for the generous disposition manifested toward the support of the enterprise.

Dr. Hatchitt offered the following resolution, which was passed :

RESOLVED, That the Executive Committee so amend their report as to provide for one committee for the practice of medicine, and another on the medical topography of the State.

Dr. Sloan offered the following resolutions :

RESOLVED, That the thanks of this Society be tendered to the Evansville Medical Faculty for their Hall, and the Medical Profession at Evansville for their hospitality.

RESOLVED, That the thanks of the Society be tendered to Dr. Bray for his entertainment.

Dr. Reed offered the following resolutions :

RESOLVED, That the thanks of this Society be tendered to Dr. Deming for his very able address.

RESOLVED, That the thanks of this Society be tendered to the Press for their attention during the sitting of the Convention.

The Convention then adjourned sine die.

The Committee on Publication expect to be able to furnish members of the Society with copies of the published transactions, by the middle of July next. Members of the Association who have paid their annual dues, or physicians of the State who desire, can have copies forwarded, by enclosing, pre-paid, \$2, to Dr. C. Bowman, Secretary, New Albany, Indiana.

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#### DR. DEMING'S ADDRESS.

The lecture Monday evening before the Indiana State Medical Society, delivered by the President, Dr. E. Deming, of Lafayette, was one of rare beauty and eloquence. The subject---"The Moral Dignity of the Profession, and the Influence of the Age upon its Literature," was handled in a masterly style. The speaker showed, in glowing colors, a picture of the true character of the Physician---the moral dignity---the philanthropy of his position, compared with that of the conqueror whose history is written in blood.

Where the pestilence walketh in darkness, and wasteth at noon-day, there was he (the Physician) found to lift the cloud from the brow of sorrow; to cheer the hopes of immortality



that spring as big from the sufferer on his mat of straw, as from the rich on his couch of down. On the second head, the Doctor showed most clearly that the tendency of the age in the advance of science is but in accordance with the true spirit of the profession. That, in no branch of science had there been more advance than those immediately connected with the profession of Medicine. The address, on the whole, was one of deep interest and thrilling pathos, doing honor alike to the author and to the Association over which he so ably presided.

The above, taken from the Evansville Enquirer, is the best copy we can procure of the Minutes of the late meeting of the State Medical Society. We had thought of trying to correct them from memory, but as the confusion in some parts is so great, we despair of complete success and have declined making the attempt. Hoping that our worthy Secretary may have a correct copy of them, we look forward with some interest to the publication of the entire transactions.---Eds.

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## PROCEEDINGS OF THE NATIONAL MEDICAL ASSOCIATION OF 1854.

The following is a short report from the transactions of the American Medical Association, read before the Indian State Medical Society by Wm. W. BYFORD, M.D.:

Many papers were submitted to the Association which will prove of great value to the profession, and go far to raise the standard of Medical literature in America to as high a position as it now occupies in any other country in the world---some of which deserve especial notice, as well from their originality as from the merit of of the different suggestions contained in them.

Dr. Mendenhall, on the Epidemics of Ohio, Indiana, and Michigan, reported at some length, and in the course of his remarks introduced a statistical view of ninety cases of intermittent fever treated by Nitric Acid.

The paper from which he extracted his statements was furnished him by some of his correspondents, whose names I did not distinctly hear.

Of the ninety cases reported sixty were permanently cured, and in fifty of these the second paroxysm, after the commencement of the administration of the medicine, did not return: and, in none of the sixty did the third make its appearance.

The treatment was usually commenced by preparing the system

by the use of emetics or cathartics, or both, as might be deemed best from an examination of the patient; but these preparatory measures were not always necessary. Six drops of the nitric acid of commerce, diluted by enough water to make the draught agreeable, were given every six hours, without regard to the paroxysm, unless with it some contraindicating circumstance presented itself, as irritability or a tendency to mucus inflammation of the bowels.

If, after further and more extensive trial by the profession, these facts should be confirmed, another valuable remedy for intermittent fever will be added to our present meager list, commended by its cheapness as well as efficacy.

Dr. Brainard, of Chicago, Ill., who was the successful competitor on the list of prize essays, after a patient and elaborate series of experiments on the so-called remedies for the promotion of union in ununited practice, comes to the conclusion, in relation to their efficacy, that, when retained in contact with the separated bones they prevent instead of promote reunion. The substances experimented on were of the solids--silk, cotton, wool, wood, bone, iron, ivory, and perhaps others. Of the fluids, the various solutions which have been from time to time recommended for that purpose. He explained their failure by supposing that they induced too high a state of inflammation, and that suppuration instead of reparative effusion is the result of their continued presence. He remarks that most likely, for he did not speak positively, to apply them and immediately withdraw them again, repeated as frequently as necessary, might prove curative. After thus passing in review the above remedies and their effects, he proposes a new and, as he declares, much more effective plan of treatment than any hitherto used. It consists in puncturing frequently and profoundly both ends of the fractured bone. This operation, however frequently and extensively performed, should be done through but one cutaneous opening. Co-ordinate with this procedure, constitutional remedies and mechanical means are indispensably necessary. Dr. Brainard extends the idea of puncturing to the relief of deformity of limbs resulting from accident, careless or injudicious surgical treatment. The procedure in these cases he names subcutaneous amputation of the bone, which may be partial or complete. If the limb is crooked the object is merely to straighten: he perforates the bone at the deflecting point sufficiently often to weaken it, so that it may be brought into a straight line without entirely separating it, thus leaving enough bony substance to aid in retaining the requisite length. If desirable to sever the bones, it is only necessary to increase the number of punctures until the object is attained. The instrument for performing this operation he did not describe, but said that a description with specimen plates would be included in the report, so that any who desired could have one made to order.



Dr. E. D. Fenner, of New Orleans, who has written on the subject of Yellow Fever, and whose opinions formed from an extensive and enlightened experience are entitled to and receive much respect, sums up upon several interesting points in this disease, a series of important conclusions. He thinks we are justifiable in believing that it is not transmissible or transportable, but is often of domestic origin. It may be produced and propagated by epidemic or atmospheric influences combined with local vice of circumstances, but is never contagious in the proper sense of the word. The rule is, that one attack affords immunity from subsequent seizures, with exceptions. A mild fever may not exhaust the susceptibility. If the disease is interrupted by remedies early the patient is not safe. A continuous residence in the climate is necessary, even after a severe attack, to keep up acclimation, and returned citizens, after an absence of a whole year, cannot profit by any protective influence derived from that source. It is a variety of endemic malarious disease, and stands at the extreme end of the scale of severity. Although it does not prevail in all places where some other varieties of malarious disease exist, yet is never found except in a malarious region. In a conversation with Dr. Fenner, after the reading of his synopsis, he remarked that the treatment most successful in his practice was large doses of quinine combined with calomel. He rarely gave more than ten grains of quinine with a like portion of calomel, repeated every three hours. Three of these doses were generally enough to interrupt the progress of the disease, if given before organic had succeeded to functional derangement. But he says it is too generally the case that so much disorganization has occurred when the physician is called to see the patient, that the system is utterly insensible to the most powerful medication. Other reports were read before the Association, but although I have notes on some of them, there is nothing in them that strikes me as worthy of mention in this place. Much discussion and many resolutions were offered, having for their object the welfare of the profession. One resolution recommended medical schools to abrogate the long and generally established regulation of substituting four years of practice for attendance upon one course of lectures as a requisite to candidateship for the degree of M.D. This was referred to the Committee on Education. Dr. Guthrie, of Memphis, offered a resolution approving the recommendation of the Secretary of the Treasury, to modify the tariff on drugs so as to admit crude articles duty free. It appears by the existing regulations in this respect that twenty per cent. ad valorem is assessed upon crude and unmanufactured articles indiscriminately. This, Dr. Guthrie thinks, operates adversely to the interests of manufacturing chemists in this country, who have proven themselves equal in skill and superior in integrity to foreign manu-

factures, and as a bribe to the latter to sophisticate the alkaloids particularly, in order to successfully compete in our markets with the former. Many others of less importance were acted upon, one of which was offered by Dr. Gross, of Kentucky, and accepted, deprecating the practice of committees of arrangements, in making such extravagant expenditures by getting up costly entertainments for the Association. This practice which now prevails, he thought prevented the smaller cities from entertaining the Association, and operated injuriously upon the deliberations of that body, as well as the pockets of their liberal hosts.

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**FELT SPLINTS.**---These splints were formerly manufactured somewhere in New England, and were on sale at many of the surgeon's instrument makers. We were in the habit of using them, and with satisfaction, but latterly have not been to procure them. Professor Frank H. Hamilton remarks, we think justly, that they are, in some respects, superior to gutta percha, and he gives (*Buffalo Medical Journal*, December, 1853) the following recipe for making them:

"Dissolve three pounds of gum shellac in two quarts of alcohol. It should be dissolved in a tin vessel, furnished with a tight cover to prevent evaporation. Spread a piece of old or new woolen cloth on a board, and, with a clean brush, saturate both sides of the cloth with the solution. Hang it up until it is thoroughly dried. Lay it again upon the board, and apply a second coat of the solution to one side only of the cloth. Dry again, and apply a third coat to the same side. There will now be three successive layers upon one side, and one on the opposite. While the last coat is yet fresh, fold the cloth so that the side having three coats shall be applied to itself. Now, with a hot flat-iron, smooth and press the surfaces together. When it is cold, a slight rubbing with sand-paper makes it fit for use.

"It becomes a firm, almost unyielding board, but exposure to a moderate heat will make it pliant, so that it can easily and accurately be adapted to any surface."

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**USE OF COFFEE.**---Calculous complaints (writes Dr. Hamilton) are among the most frequent, and perhaps the most painful, maladies of our Island, and are not uncommonly connected with gout and rheumatism; but it is not generally known that the free use of strong coffee, unadulterated with chicory, or any of those other substances with which it has been too much the practice of dishonest dealers to deteriorate the genuine article is almost a specific for these painful afflictions.---*Pharmaceutical Journal*, Jan.



METEOROLOGICAL OBSERVATIONS MADE BY C. A. FOSTER, A. M., M. D., PROFESSOR OF CHEMISTRY IN THE MEDICAL COLLEGE OF EVANSVILLE.

Month.	Date	Barom-eter.		Thermom-eter.		Mean of Thermom-eter		Date	Barom-eter.		Thermom-eter.		Mean of Thermom-eter.
		3a.m. to 12 m.	12m. to 3p.m.	3a.m. to 12 m.	12m. to 3p.m.				8a.m. to 12m.	12m. to 3p.m.	3a.m. to 12 m.	12m. to 3p.m.	
March	3	29.7	29.5	51.5	55.1	8.910	April.	5	29.8	29.8	68	68	11.033
	4	29.6	29.7	51.5	55	8.860		6	29.8	29.7	68	68	11.033
	6	27.8	27.7	48	49	8.083		7	29.7	29.8	76	74	12.5
	7	29.5	29.4	55	58	9.41		8	29.8	29.7	78	78	13
	8	29.3	29.3	63	65	0.660		10	29.7	29.6	53	50	8.583
	9	29.3	29.3	60.5	60.5	10.083		11	29.7	29.7	53.5	56	9.125
	10	29.3	29.0	58	44	8.5		12	29.7	29.7	57	62	9.916
	11	29.9	29.8	44.5	51	7.958		13	29.7	29.6	61	69.5	10.875
	12	29.6	29.6	59	62.5	10.125		14	29.4	29.3	59	62.5	10.125
	14	29.8	29.7	63	64	10.583		15	29.7	29.7	54	54	9
	15	29.5	29.4	76.5	74	2.51		17	29.6	29.7	41.5	43	7.041
	16	29.3	29.4	74	76	12.5		18	29.7	29.8	45	52	8.083
	17	29.3	29.5	60.5	56	9.511		19	29.7	29.6	55	65	10
	18	29.9	29.9	41.5	43.5	7.08		20	29.6	29.6	66.5	73.5	11.666
	19	29.9	29.8	41.5	47	7.625		21	29.6	29.5	75	76.5	12.625
	20	29.9	29.8	41.5	47	7.625		22	29.6	29.7	68	75	11.083
	21	29.6	29.5	49	50	8.25		24	29.6	29.6	79	80	12.416
	22	29.4	29.4	59	56	9.660		25	29.6	29.4	6.5	76.5	12.75
	23	29.5	29.5	56	57.5	9.45		26	29.4	29.7	58.5	69	11.458
	24	29.5	29.5	53	52	8.75		27	29.3	29.7	53.5	62.5	10.5
	25	29.8	29.7	44.5	48.5	7.75		28	29.8	29.8	7.5	51	8.25
	27	29.9	29.8	48.5	50	7.958		29	30	29.8	60.5	57	8.958
	28	30	29.9	45	46	7.58		30	29.7	29.7	71.5	67.5	10.75
	29	29.9	29.7	41.5	44.5	7.16	May.	1	29.7	29.7	69.5	58	9.791
	30	29.5	29.5	49.5	50.5	8.33		2	29.7	29.7	63	66	9.911
	31	29.3	29.4	58.5	55	9.45		3	29.7	29.8	53	72	11.683
April.	1	29.8	29.5	34.5	40	6.208		4	29.6	29.7	51	68	11.833
	3	30	30	43	51	7.83		5	29.6	29.6	74	76	11.958
	4	29.9	29.9	57	63	10.		6	29.6	29.6	75	76	11.958

NOTE.--In this altitude (325 feet) above the level of the sea, the raining point of the Barometer is between 39.3 and 39.5.

The Editors, in publishing the above Meteorological table, earnestly desire to call the attention of the Profession to the importance of keeping a similar register in various localities of the South and West.

The formation of these tables will become highly important, not only as constituting an interesting class of philosophical facts, but also as forming a basis for etiological calculations respecting epidemic influences, now engrossing so large a share of public attention.

## Editorial.

### EDITORS' ADDRESS TO THE PROFESSION.

In adding yet another to the long list of American Medical Periodicals, it will be expected that the Editors should declare the reasons which have prompted them to the undertaking; the more especially as an opinion is prevalent, that there are already too many of them in existence.

In this opinion, a common one though it be, we do not concur.

Large as the issue of Periodical Medical Literature undoubtedly is, it is not yet large enough to supply the wants of the Profession.

In proof of the correctness of this statement, we may cite our readers to the simple fact, that every Medical Journal which has been established upon a proper basis, and conducted with proper ability, has been eagerly supported by the Profession.

How can this fact be accounted for, unless it is admitted that there are not yet too many Journals published; that the demand is at least equal to the supply.

This indeed is the case, and a moment's reflection will convince any one that for the present at least, there is no danger of overwhelming the Profession with an excess of periodical issue.

If indeed the duties of the Medical Journalist were to consist of the simple enunciation of facts, of the dissemination of established principles, then it would be obvious that one single Journal, and that of no great size, would be more than sufficient to supply the whole Profession of the United States.

The object of a Medical Journal, however, it must be remembered, is widely different from this.

Its object is to collect not only facts but opinions; not only principles but materials from which principles may be formed.

To form a communication between the active portions of the Profession; to record the cases, the views and practices of the actual workers among disease; to create a general reservoir, into which all tributary streams of information may be poured, is the proper purpose of a Medical Journal.

It was by these means, and by these alone, that Medicine has become a progressive science.



So long as the views and opinions of observers were confined to themselves, so long did the Science remain stationary. But no sooner were observations recorded and opinions discussed, than truth was elicited, and principles were established.

The proper end then of a Medical Journal, is to form the first selection from the great mass of information constantly generated in the Profession ; and to accomplish this end, it is necessary that all sources of information should be accessible to the conductors.

Hence arises the need of a multiplicity of Medical Journals.

The observations, the plans of treatment, and the peculiar views entertained by thirty thousand physicians, can never be expressed in the pages of any one Medical Journal.

Let it even be supposed that one periodical could contain the whole amount of information, thus constantly accruing ; there is still another cause for the multiplication of these vehicles of communication.

The Medical Journal, in its collective capacity, is a local organ.

It is a means of collecting the views and opinions of districts. The diseases of one climate and locality differ from those of another. The Journal of the South will be found to contain details of cases widely differing from those filling the pages of the Journal of the North. Those upon our seaboard differing materially from those of our interior.

The Medical Journal therefore becomes, to a certain extent, local in its character. Formed by the united labors of the Physicians of one district, its tone will be more peculiarly adapted to the requirements of the Profession of this district than to those of any other.

Hence a second and most important reason why a large number of Medical Periodicals ever have been, and ever will be, supported by the Profession of the United States.

For these reasons then we issue our Journal, with the firm conviction that there is still plenty of room for us.

Situated as we are, in one of the most accessible points of Indiana, with her population of a million, as yet without a single Medical Journal within her boundaries, with Illinois on the west, Kentucky on our east, Tennessee, Arkansas, and lower Missouri in close proximity, we feel assured that our enterprise cannot fail for want of territory to support it.

If our Journal is such as to meet the requirements of the Profession of this district, we know that we shall obtain their support, and should we fail in obtaining that support, we must attribute our failure, not to the want of facilities, but to our own inability to make use of the advantages which we possess.

With respect to the nature and management of our Journal, it will be observed that we differ materially from the plan generally pursued.

We shall endeavor, as far as possible, to keep our readers well informed of the progress of Medical Science in all parts of the States. This object we shall endeavor to attain, by such extracts from other Medical Journals from all parts of the country, as may best illustrate new facts and principles. In these selections we shall be governed chiefly by their adaptation to the wants of the practising Physician, our limits being far too contracted to enable us to devote much space to the discussion of theoretical inquiries.

In relation to the progress of Medicine in Europe, we shall make every effort to supply our readers with information from the most reliable sources, in the shortest possible space of time. Arrangements have been already made, by which we shall receive the Medical Journals of London, Paris, and Vienna direct from their publishers.

Selections from these works, relating more especially to the improvements and discoveries in the Profession, will be immediately translated by the Editors, and at once transferred to the pages of our Journal. It is hoped that this will prove an interesting and valuable feature of our work, as it will at once convey to our readers news direct from the immense literary resources of the Continent, the same information at present chiefly reaching us through the reprints of English Journals into which the Paris and Vienna Journals have been originally translated.

Our first and great object, however, will be to maintain a full and complete original department. This, indeed, will form by far the largest portion of our matter, if the Profession generally can be induced to aid us with their pens.

It is in relation to this point that we most earnestly solicit the aid of every Physician of this district of country, as it is upon the collection of a large fund of original communications, that we



principally rely, for making our Journal really interesting and profitable to our readers.

We would therefore beg our professional brethren in all parts of the Ohio and Mississippi valleys, to assist us in this matter.

It is true that we have already secured the co-operation of numerous able writers of Indiana, Illinois, Kentucky and Tennessee, but this is not enough, we wish to secure as correspondents the whole of the active portion of the Profession within our reach, convinced as we are that the value of a Medical Journal must consist in the amount of original matter thus collected, and again scattered abroad through the medium of its pages.

We desire to obtain the correspondence not alone of the veterans of the Profession, but also of the new beginner; not only of him whose reputation as a writer is already won, but also of those who have their first essay yet to indite. Because a man has not yet written for publication is no reason why he should not be in possession of valuable facts or practical ideas. That a Physician is not an experienced or practiced writer, is therefore no valid excuse for declining to supply his quota of information back to that original fund of knowledge, from which he himself has originally drawn his education.

No man of sufficient knowledge and intelligence to treat a case properly, can be incompetent to tell what he has done, or why he has done it. And no one who has the interests of his calling truly at heart, who pursues it as a science, who practises it with pleasure to himself and advantage to his patients, should refuse to confer upon his fellow laborers the knowledge derived from his own experience, in return for that which he himself receives.

We feel assured that the Physicians of the country surrounding us will respond to our call, and enable us lay before our readers a collection of original communications in every number which will be of interest and benefit to our subscribers.

Such is an exposition of the reasons which have prompted us to this undertaking, and of the plan upon which we propose to conduct it, and with this explanation of our views and purposes, we send it forth among you to receive your sanction or disapproval.

Upon our part we shall be perfectly satisfied with the result of the judgment which you may pass upon the pages before you,

convinced that if the Journal is such as to meet your requirements, it will obtain your approbation and support, and that if, upon the other hand, it should disappoint your expectations, no excuses on our part, no promises of what we intend to do in future, would or should make it popular to the Profession.

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## PROSPECTUS.

### The Indiana Medical Journal, WILL BE PUBLISHED QUARTERLY AT EVANSVILLE, INDIANA,

Commencing with the present number. Its pages will be devoted as far as possible to the publication of

#### **Original Communications.**

from Western and Southern Physicians. Each number will contain sixty-four pages, to be increased in size so soon as the number of our correspondents will insure us a full supply of original matter.

The price of the Journal will be \$2 per annum, in advance. Subscribers at their option commencing their subscriptions with the commencement of the year, or at the issue of any specified number.

Advertisements of druggists, stationers, &c., inserted at the following rates:

For a card for one year,.....	\$5 00
For 25 lines for one year,.....	10 00
For one-half page one year,.....	15 00
Longer advertisements by agreement.	

Communications relating to the Journal may be directed either to DR. BYFORD or RONALDS, Evansville, Indiana.

P. S. The discrepancy between the title of the Journal as displayed upon the cover and the first page is occasioned at the suggestion of the State Medical Association. At the time that body favored our enterprise with their approval and suggested the name of the Indiana Medical Journal, the first pages were already in press. This error will of course only apply to the first number.



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We would especially invite the attention of Physicians to our stock. Every article sold by us is warranted to be pure, fresh and genuine. Particular attention paid to putting up and packing orders from Physicians and Country Merchants.

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**T**HIS House is regularly receiving fresh Drugs and Medicines, which they sell on as accommodating terms as can be purchased in any of the western cities. (and they warrant them to be pure), and as the life of the patient, as well as the success and reputation of the Physician, depend so much on the prompt action of medicines used in sickness, that we feel confident that their efforts to furnish the Faculty with pure and unadulterated Drugs, will be duly appreciated. All orders addressed to them will receive prompt attention, with the understanding that if the articles do not prove as represented, they can be returned at their expense.

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Charles Leich, of the firm, hopes he is favorably known to the public, having been engaged in Mr. Crawford Bell's store, the last five years. Peter Vierling, of the same firm, having been clicking in the present store the last three years flatters himself with having the confidence of its old customers.

We intend keeping on hand a large and fresh stock of Drugs and Medicines, and hope by this means and by strict attention to business, and by low prices, to merit a liberal patronage, both from old and new customers.

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